



Australian Government

Department of Health and Ageing

**SCHEDULE OF
PHARMACEUTICAL BENEFITS**

This Schedule is also available on the internet at
www.pbs.gov.au

**EFFECTIVE
1 September 2012 - 30 September 2012
(ALL PREVIOUS EDITIONS CANCELLED)**

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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 September 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 | \$1.11 |
| | Extemporaneously-prepared | \$1.45 |
| 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 – Brand

| | |
|-------|--|
| 1884E | <i>Amoxycillin-PS, FZ</i> – Amoxycillin , Capsule 250 mg |
| 3301R | <i>Amoxycillin-PS, FZ</i> – Amoxycillin , Capsule 250 mg (Dental) |
| 1889K | <i>Amoxycillin-PS, FZ</i> – Amoxycillin , Capsule 500 mg |
| 3300Q | <i>Amoxycillin-PS, FZ</i> – Amoxycillin , Capsule 500 mg (Dental) |
| 2687K | <i>Azathioprine-PS, FZ</i> – Azathioprine , Tablet 50 mg |
| 9058R | <i>Ceftriaxone-AFT, AE</i> – Ceftriaxone , Powder for injection 500 mg |
| 1783W | <i>Ceftriaxone-AFT, AE</i> – Ceftriaxone , Powder for injection 500 mg |
| 8318T | <i>Clarithromycin-PS, FZ</i> – Clarithromycin , Tablet 250 mg |
| 8658Q | <i>Cyclosporin Sandoz, SZ</i> – Cyclosporin , Capsule 25 mg |
| 8659R | <i>Cyclosporin Sandoz, SZ</i> – Cyclosporin , Capsule 50 mg |
| 8660T | <i>Cyclosporin Sandoz, SZ</i> – Cyclosporin , Capsule 100 mg |
| 1269T | <i>Cyprocur 50, QA</i> – Cyproterone Acetate , Tablet 50 mg |
| 1270W | <i>Cyprocur 50, QA</i> – Cyproterone Acetate , Tablet 50 mg |
| 2487X | <i>Famotidine-PS, FZ</i> – Famotidine , Tablet 20 mg |
| 2488Y | <i>Famotidine-PS, FZ</i> – Famotidine , Tablet 40 mg |
| 1474N | <i>Fluconazole Alphapharm, AF</i> – Fluconazole , Solution for I.V. infusion 200 mg in 100 mL |
| 1757L | <i>Fluconazole Alphapharm, AF</i> – Fluconazole , Solution for I.V. infusion 400 mg in 200 mL |
| 1558B | <i>Isosorbide-PS, FZ</i> – Isosorbide Mononitrate , Tablet 60 mg (sustained release) |
| 5264C | <i>Methylprednisolone Alphapharm, AF</i> – Methylprednisolone , Powder for injection 1 g (as sodium succinate) |
| 8007K | <i>STADA Pantoprazole, TD</i> – Pantoprazole Sodium Sesquihydrate , Tablet (enteric coated), equivalent to 40 mg pantoprazole |
| 8008L | <i>STADA Pantoprazole, TD</i> – Pantoprazole Sodium Sesquihydrate , Tablet (enteric coated), equivalent to 40 mg pantoprazole |
| 8694N | <i>Prioten 15, DO</i> – Pioglitazone , Tablet 15 mg (as hydrochloride) |
| 8695P | <i>Prioten 30, DO</i> – Pioglitazone , Tablet 30 mg (as hydrochloride) |
| 8696Q | <i>Prioten 45, DO</i> – Pioglitazone , Tablet 45 mg (as hydrochloride) |
| 8787L | <i>Risperidone GH, GQ</i> – Risperidone , Tablet 0.5 mg |
| 8869T | <i>Risperidone GH, GQ</i> – Risperidone , Tablet 0.5 mg |
| 1849H | <i>Sumatriptan-PS, FZ</i> – Sumatriptan , Tablet 50 mg (as succinate) |

Addition – Equivalence Indicator

| | |
|-------|---|
| 9058R | <i>Ceftriaxone ICP, PP</i> – Ceftriaxone , Powder for injection 500 mg |
| 1783W | <i>Ceftriaxone ICP, PP</i> – Ceftriaxone , Powder for injection 500 mg |
| 1757L | <i>Baxter Healthcare Pty Ltd, BX</i> – Fluconazole , Solution for I.V. infusion 400 mg in 200 mL |

Deletions

Deletion – Item

| | |
|-------|---|
| 9163G | Calcipotriol , Scalp solution 50 micrograms per mL (0.005%), 30 mL (<i>Daivonex</i>) |
| 1323P | Dihydroergotamine Mesylate , Injection 1 mg in 1 mL (<i>Dihydergot</i>) |
| 3460D | Dihydroergotamine Mesylate , Injection 1 mg in 1 mL (<i>Dihydergot</i>) (Emergency Drug Supply) |

| | |
|-------|---|
| 2920Q | Disodium Etidronate , Tablet 200 mg (<i>Didronel</i>) |
| 8056B | Disodium Etidronate and Calcium Carbonate , Pack containing 28 tablets disodium etidronate 200 mg and 76 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium) (<i>Didrocal</i>) |
| 9193W | Glucose Indicator—blood , Test strips, 25 (<i>On-Call Plus</i>) |
| 9256E | Glucose Indicator—blood , Test strips, 25 (<i>On-Call Plus</i>) |
| 2026P | Sodium Chloride , Injection 9 mg per mL (0.9%), 10 mL (<i>Pfizer Australia Pty Ltd</i>) |
| 5211G | Sodium Chloride , Injection 9 mg per mL (0.9%), 10 mL (<i>Pfizer Australia Pty Ltd</i>) (Dental) |
| 1253Y | Verapamil Hydrochloride , Tablet 160 mg (<i>Isoptin</i>) |

Deletion – Brand

| | |
|-------|--|
| 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) |
| 8658Q | <i>Cicloral, SZ</i> – Cyclosporin , Capsule 25 mg |
| 8659R | <i>Cicloral, SZ</i> – Cyclosporin , Capsule 50 mg |
| 8660T | <i>Cicloral, SZ</i> – Cyclosporin , Capsule 100 mg |
| 8121K | <i>Dicloxsig, QA</i> – Dicloxacillin , Capsule 250 mg |
| 5096F | <i>Dicloxsig, QA</i> – Dicloxacillin , Capsule 250 mg (Dental) |
| 8122L | <i>Dicloxsig, QA</i> – Dicloxacillin , Capsule 500 mg |
| 5097G | <i>Dicloxsig, QA</i> – Dicloxacillin , Capsule 500 mg (Dental) |
| 1312C | <i>Diltahexal CD, HX</i> – Diltiazem Hydrochloride , Capsule 180 mg (controlled delivery) |
| 8331L | <i>Omeprazole Ranbaxy, RA</i> – Omeprazole , Tablet 20 mg |
| 8333N | <i>Omeprazole Ranbaxy, RA</i> – Omeprazole , Tablet 20 mg |
| 1746X | <i>Chem mart Paracetamol, XS</i> – Paracetamol , Tablet 500 mg |
| 5196L | <i>Chem mart Paracetamol, XS</i> – Paracetamol , Tablet 500 mg (Dental) |
| 8784H | <i>Chem mart Paracetamol, XS</i> – Paracetamol , Tablet 500 mg |
| 5224Y | <i>Chem mart Paracetamol, XS</i> – Paracetamol , Tablet 500 mg (Dental) |
| 1746X | <i>Pharmacy Choice Paracetamol, YM</i> – Paracetamol , Tablet 500 mg |
| 5196L | <i>Pharmacy Choice Paracetamol, YM</i> – Paracetamol , Tablet 500 mg (Dental) |
| 8784H | <i>Pharmacy Choice Paracetamol, YM</i> – Paracetamol , Tablet 500 mg |
| 5224Y | <i>Pharmacy Choice Paracetamol, YM</i> – Paracetamol , Tablet 500 mg (Dental) |
| 1746X | <i>Terry White Chemists Paracetamol, YS</i> – Paracetamol , Tablet 500 mg |
| 5196L | <i>Terry White Chemists Paracetamol, YS</i> – Paracetamol , Tablet 500 mg (Dental) |
| 8784H | <i>Terry White Chemists Paracetamol, YS</i> – Paracetamol , Tablet 500 mg |
| 5224Y | <i>Terry White Chemists Paracetamol, YS</i> – Paracetamol , Tablet 500 mg (Dental) |
| 8787L | <i>Risperidone Actavis 0.5, TA</i> – Risperidone , Tablet 0.5 mg |
| 8869T | <i>Risperidone Actavis 0.5, TA</i> – Risperidone , Tablet 0.5 mg |
| 3169T | <i>Risperidone Actavis 1, TA</i> – Risperidone , Tablet 1 mg |
| 8789N | <i>Risperidone Actavis 1, TA</i> – Risperidone , Tablet 1 mg |
| 3170W | <i>Risperidone Actavis 2, TA</i> – Risperidone , Tablet 2 mg |
| 9079W | <i>Risperidone Actavis 2, TA</i> – Risperidone , Tablet 2 mg |
| 3171X | <i>Risperidone Actavis 3, TA</i> – Risperidone , Tablet 3 mg |
| 3172Y | <i>Risperidone Actavis 4, TA</i> – Risperidone , Tablet 4 mg |
| 2013Y | <i>Simvahexal, HX</i> – Simvastatin , Tablet 5 mg |
| 9241J | <i>Simvahexal, HX</i> – Simvastatin , Tablet 5 mg |

| | |
|-------|---|
| 2011W | <i>Simvahexal, HX</i> – Simvastatin , Tablet 10 mg |
| 9242K | <i>Simvahexal, HX</i> – Simvastatin , Tablet 10 mg |
| 2012X | <i>Simvahexal, HX</i> – Simvastatin , Tablet 20 mg |
| 9243L | <i>Simvahexal, HX</i> – Simvastatin , Tablet 20 mg |
| 1278G | <i>Timoptol, FR</i> – Timolol Maleate , Eye drops 2.5 mg (base) per mL (0.25%), 5 mL |
| 5547Y | <i>Timoptol, FR</i> – Timolol Maleate , Eye drops 2.5 mg (base) per mL (0.25%), 5 mL (Optometrical) |
| 8134D | <i>Valaciclovir Actavis 500, TA</i> – Valaciclovir , Tablet 500 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) |

Deletion – Equivalence Indicator

| | |
|-------|---|
| 5096F | <i>Distaph 250, AF</i> – Dicloxacillin , Capsule 250 mg (Dental) |
| 8121K | <i>Distaph 250, AF</i> – Dicloxacillin , Capsule 250 mg |
| 5097G | <i>Distaph 500, AF</i> – Dicloxacillin , Capsule 500 mg (Dental) |
| 8122L | <i>Distaph 500, AF</i> – Dicloxacillin , Capsule 500 mg |
| 1278G | <i>Tenopt, QA</i> – Timolol Maleate , Eye drops 2.5 mg (base) per mL (0.25%), 5 mL |
| 5547Y | <i>Tenopt, QA</i> – Timolol Maleate , Eye drops 2.5 mg (base) per mL (0.25%), 5 mL (Optometrical) |

Alterations

Alteration – Item Description

From:

8315P **Cefepime**, Powder for injection 1 g (as hydrochloride) (solvent required) (*Omegapharm Pty Ltd, DBL Cefepime, Cefepime Sandoz*)

To:

8315P **Cefepime**, Powder for injection 1 g (as hydrochloride) (*Omegapharm Pty Ltd, DBL Cefepime, Cefepime Sandoz*)

From:

8316Q **Cefepime**, Powder for injection 2 g (as hydrochloride) (solvent required) (*Maxipime, Omegapharm Pty Ltd, DBL Cefepime, Cefepime Sandoz*)

To:

8316Q **Cefepime**, Powder for injection 2 g (as hydrochloride) (*Maxipime, Omegapharm Pty Ltd, DBL Cefepime, Cefepime Sandoz*)

From:

2179Q **Ticarcillin with Clavulanic Acid**, Powder for injection 3 g-100 mg (solvent required) (*Timentin*)

To:

2179Q **Ticarcillin with Clavulanic Acid**, Powder for injection 3 g-100 mg (*Timentin*)

From:

5230G **Ticarcillin with Clavulanic Acid**, Powder for injection 3 g-100 mg (solvent required) (*Timentin*) **(Dental)**

To:

5230G **Ticarcillin with Clavulanic Acid**, Powder for injection 3 g-100 mg (*Timentin*) **(Dental)**

Alteration – Manufacturer's Code

| | | From: | To: |
|-------|--|-------|-----|
| 3489P | <i>Penthrox, DV</i> – Methoxyflurane , Liquid for inhalation 999.9 mg per g, 3 mL (with inhaler) (Emergency Drug Supply) | NQ | DV |
| 5480K | <i>Valacor 500, CR</i> – Valaciclovir , Tablet 500 mg (as hydrochloride) | QR | CR |
| 8064K | <i>Valacor 500, CR</i> – Valaciclovir , Tablet 500 mg (as hydrochloride) | QR | CR |
| 8134D | <i>Valacor 500, CR</i> – Valaciclovir , Tablet 500 mg (as hydrochloride) | QR | CR |

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Additions

Addition – Brand

| | |
|-------|--|
| 6352H | <i>Cyclosporin Sandoz, SZ – Cyclosporin, Capsule 25 mg (Private)</i> |
| 5634M | <i>Cyclosporin Sandoz, SZ – Cyclosporin, Capsule 25 mg (Public)</i> |
| 6353J | <i>Cyclosporin Sandoz, SZ – Cyclosporin, Capsule 50 mg (Private)</i> |
| 5635N | <i>Cyclosporin Sandoz, SZ – Cyclosporin, Capsule 50 mg (Public)</i> |
| 6354K | <i>Cyclosporin Sandoz, SZ – Cyclosporin, Capsule 100 mg (Private)</i> |
| 5636P | <i>Cyclosporin Sandoz, SZ – Cyclosporin, Capsule 100 mg (Public)</i> |
| 6193Y | <i>Alphapharm Lamivudine, AF – Lamivudine, Tablet 150 mg (Private)</i> |
| 5772T | <i>Alphapharm Lamivudine, AF – Lamivudine, Tablet 150 mg (Public)</i> |
| 6435Q | <i>Alphapharm Lamivudine, AF – Lamivudine, Tablet 300 mg (Private)</i> |
| 5774X | <i>Alphapharm Lamivudine, AF – Lamivudine, Tablet 300 mg (Public)</i> |
| 5770Q | <i>Zetlam, AF – Lamivudine, Tablet 100 mg (Public)</i> |
| 6257H | <i>Zetlam, AF – Lamivudine, Tablet 100 mg (Private)</i> |

Addition – Equivalence Indicator

| | |
|-------|---|
| 6257H | <i>Zeffix, GK – Lamivudine, Tablet 100 mg (Private)</i> |
| 5770Q | <i>Zeffix, GK – Lamivudine, Tablet 100 mg (Public)</i> |

Deletions

Deletion – Brand

| | |
|-------|---|
| 6352H | <i>Cicloral, SZ – Cyclosporin, Capsule 25 mg (Private)</i> |
| 5634M | <i>Cicloral, SZ – Cyclosporin, Capsule 25 mg (Public)</i> |
| 6353J | <i>Cicloral, SZ – Cyclosporin, Capsule 50 mg (Private)</i> |
| 5635N | <i>Cicloral, SZ – Cyclosporin, Capsule 50 mg (Public)</i> |
| 6354K | <i>Cicloral, SZ – Cyclosporin, Capsule 100 mg (Private)</i> |
| 5636P | <i>Cicloral, SZ – Cyclosporin, Capsule 100 mg (Public)</i> |

Advance Notices

Advance Notices – Deletion of Item

At the request of the manufacturer, the following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 October 2012:

- 2244D **Amino Acids—synthetic, Formula**, Compound powder 400 g (*Neocate Advance Tropical Flavour*)
- 2553J **Amino Acids—synthetic, Formula**, Compound powder 400 g (*Neocate Advance Tropical Flavour*)
- 9147K **Risedronate Sodium and Calcium Carbonate with Colecalciferol**, 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 (*Actonel Combi D*)
- 1060T **Verapamil Hydrochloride**, Injection 5 mg in 2 mL (*Isoptin*)
- 3494X **Verapamil Hydrochloride**, Injection 5 mg in 2 mL (*Isoptin*)(**Emergency Drug Supply**)

At the request of the manufacturer, the following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 December 2012:

- 2820K **Betamethasone Valerate**, Ointment 200 micrograms (base) per g (0.02%), 100 g (*Celestone-M, Antroquoril*)

Advance Notices – Deletion of Brand

At the request of the manufacturer, the following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 October 2012:

- 2488Y *Peppidine, MK* – **Famotidine**, Tablet 40 mg

At the request of the manufacturer, the following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 December 2012:

- 8316Q *Maxipime, BQ* – **Cefepime**, Powder for injection 2 g (as hydrochloride)

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

Victoria

Pharmaceutical Branch
Level 10
595 Collins Street
Melbourne Vic 3000

General and IME enquiries — Tel: 132 290

Queensland

Pharmaceutical Services Branch
143 Turbot Street
Brisbane Qld 4000

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

Tasmania

Pharmaceutical Branch
199 Collins Street
Hobart Tas 7000

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 |
| 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 | AMO 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 |
| AS | Aspen Pharmacare Australia Pty Ltd First Floor, 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540 |

| <i>Code</i> | <i>Manufacturer</i> |
|-------------|--|
| 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 |
| 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 |
| BN | Bayer Australia Limited 875 Pacific Highway Pymble NSW 2073 Tel: (02) 9391 6000 Fax: (02) 9988 3311 |
| 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 |

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| <i>Code</i> | <i>Manufacturer</i> |
|-------------|---|
| 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 |
| 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 |

| <i>Code</i> | <i>Manufacturer</i> |
|-------------|---|
| 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: |
| DV | Medical Developments International Limited 7/56 Smith Road Springvale Vic 3171 Tel: (03) 9547 1888 Fax: (03) 9547 0262 |
| 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 |
| FK | Invida Australia Pty Ltd Level 8, 67 Albert Avenue Chatswood NSW 2067 Tel: (02) 9080 7200 Fax: (02) 9080 7201 |

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| <i>Code</i> | <i>Manufacturer</i> |
|-------------|--|
| FM | Fawns and McAllan 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 |
| 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 | Mercury Pharma (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 |
| GM | Ascent Pharma Pty Ltd 151-153 Clarendon Street South Melbourne Vic 3205 Tel: 1800 678 302 Fax: (03) 8677 6666 |

| <i>Code</i> | <i>Manufacturer</i> |
|-------------|---|
| 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 A 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 |
| 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 |
| HM | Meda Pharmaceuticals Pty Ltd Level 20, Tower A, The Zenith Centre, 821 Pacific Highway Chatswood NSW 2067 Tel: (02) 8448 2080 Fax: (02) 8448 2010 |

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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 |
| IK | Medtronic Australasia Pty Ltd 97 Waterloo Road North Ryde NSW 2113 Tel: (02) 9857 9000 Fax: (02) 9887 1829 |
| 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 |

| <i>Code</i> | <i>Manufacturer</i> |
|-------------|---|
| KN | Knoll A Division of Abbott Australasia Pty Ltd 32-34 Lord Street Botany NSW 2019 Tel: (02) 9384 9700 Fax: (02) 9384 9800 |
| 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 |

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| <i>Code</i> | <i>Manufacturer</i> |
|-------------|---|
| 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 |
| 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 20-24 Howleys Road Notting Hill Vic 3168 Tel: (03) 8588 0500 Fax: (03) 8588 0599 |
| 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 |
| QA | Aspen Pharma Pty Ltd First Floor, 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540 |

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|-------------|---|
| QB | Bionime Australia Pty Ltd Level 7, 60 York Street Sydney NSW 2000 Tel: (02) 9262 6900 Fax: (02) 9262 6922 |
| 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 |
| 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 |

| <i>Code</i> | <i>Manufacturer</i> |
|-------------|--|
| 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 |
| TD | STADA Pharmaceuticals Australia Pty Ltd Suite 1101, 46 Market Street SYDNEY NSW 2000 Tel: (02) 9279 4667 Fax: (02) 9012 0918 |
| TM | Technipro Marketing Pty Ltd Unit 10, 13 Berry Street Clyde NSW 2142 Tel: (02) 9897 5899 Fax: (02) 9897 5799 |

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|-------------|--|-------------|---|
| TS | Specialised Therapeutics Australia Pty Ltd Level 1, 711 High Street Kew East Vic 3102 Tel: 1300 798 820 Fax: 1800 798 829 | 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 |
| TW | Symbion Pty Ltd, trading as Terry White Chemists Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax: | WQ | Willow Pharmaceuticals Pty Limited Level 4, 5 Essex Street The Rocks NSW 2000 Tel: (02) 9241 2235 Fax: (02) 9241 2217 |
| TX | Apotex Pty Ltd 16 Giffnock Avenue Macquarie Park NSW 2113 Tel: (02) 8877 8333 Fax: (02) 8877 8377 | XA | Pharmaxis Ltd 20 Rodborough Road Frenchs Forest NSW 2086 Tel: (02) 9454 7200 Fax: (02) 9451 3622 |
| 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 | XM | The Medicines Company (Australia) Pty Ltd Suite 1, Level 8, North Tower, 1-5 Railway Street Chatswood NSW 2067 Tel: 1800 755 459 Fax: (02) 9412 4556 |
| UM | Unomedical Pty Ltd 11-17 Wilmette Place Mona Vale NSW 2103 Tel: (02) 9997 8033 Fax: (02) 9997 3760 | XP | Aaxis Pacific Pty Ltd 24-32 Forge Street Blacktown NSW 2148 Tel: (02) 9881 3333 Fax: (02) 9881 3322 |
| UN | Unilever Australia Ltd 20-22 Cambridge Street Epping NSW 2121 Tel: 1800 888 449 Fax: | YN | Mayne Pharma International Pty Ltd 1538 Main North Road Salisbury SA 5106 Tel: (08) 8209 2666 Fax: (08) 8281 6998 |
| VE | AbbVie Pty Ltd 32-34 Lord Street Botany NSW 2019 Tel: (02) 9384 9700 Fax: (02) 9384 9800 | YT | Mayne Products Pty Ltd 1538 Main North Road Salisbury SA 5106 Tel: (08) 8209 2666 Fax: (08) 8281 6998 |
| VF | Vitaflo Australia Pty Ltd 110 Fyans Street South Geelong Vic 3220 Tel: (03) 5229 8222 Fax: (03) 5229 8225 | ZF | Sun Pharmaceutical Industries (Australia) Pty Ltd 1053 Burwood Highway Ferntree Gully Vic 3156 Tel: (03) 9568 6102 Fax: (03) 9568 6610 |
| VI | ViiV Healthcare Pty Ltd Level 4, 436-438 Johnston Street Abbotsford Vic 3067 Tel: (03) 9413 7300 Fax: (03) 8761 2456 | ZI | Shire Australia Pty Limited Level 9, Avaya House 123 Epping Road North Ryde NSW 2113 Tel: 1800 012 612 Fax: (02) 8875 7977 |
| 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 | ZP | Spirit Pharmaceuticals Pty Ltd 117 Harrington Street The Rocks Sydney NSW 2000 Tel: (02) 9251 1088 Fax: (02) 9251 1099 |
| 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 | | |

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| | |
|----|--|
| ZT | Synthon A.U. Pty Ltd Suite 511, 460 Pacific Highway St Leonards NSW 2065 Tel: (02) 9966 9900 Fax: (02) 9966 9099 |
|----|--|

| <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*.

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, Western Australia and Tasmania, and the Northern Territory have agreed to implement these arrangements.

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.

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.

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; and
- they must be signed by the prescriber and dated. Forward or back dating is not permitted.

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/provider/pbs/doctor/authorities.jsp.

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.

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.

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.

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.

More information is available on the Factsheet: Listings on the PBS for Aboriginal and Torres Strait Islander people

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 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.

The pharmacist is required to include the four digit streamlined authority code on the claim for the PBS dispensing.

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 \$35.40 for general patients and \$5.80 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 \$28.30. 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

(available under the 'Efficient Funding of Chemotherapy - Section 100 Arrangements'), 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, Tasmania and the Northern Territory have these arrangements.

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

- **See also:** Pharmaceutical Benefits to which the the Safety Net 20 day rule applies

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, Tasmania and the Northern Territory have these arrangements.

Safety net thresholds

There are two safety net thresholds. The general patient safety net threshold is currently \$1363.30. 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 \$5.80 plus any applicable premium for pharmaceutical benefits for the rest of that calendar year.

The concessional safety net threshold is \$348.00 (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, Tasmania 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' —
 - 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
 - confirmation that the PBS prescription is endorsed 'Regulation 24' or the RPBS prescription is endorsed 'hardship conditions apply'; and/or
 - a claim for a glass dropper bottle where applicable; and/or
 - 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.

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-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 booklet 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

- **See also:** Pharmaceutical Benefits to which the the Safety Net 20 day rule applies

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.

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:

1. applying the appropriate wastage table percentage to the standard pack rate;
2. 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:

1. the recovery price of each ingredient as shown in the Drug Tariff;
2. the price of the appropriate container as shown in the price section; and
3. 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:

- 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 |

- 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
- 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.

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 | 20.44 | Link Medical Products Pty Ltd | LM |
| 3453R NP | ATROPINE Injection containing atropine sulfate 600 micrograms in 1 mL | 10 | 20.64 | Pfizer Australia Pty Ltd | PF |
| 3455W NP | CHLORPROMAZINE HYDROCHLORIDE Injection 50 mg in 2 mL | 10 | 20.58 | Largactil | SW |
| or 3456X NP | or HALOPERIDOL Injection 5 mg in 1 mL | 10 | 22.38 | Serenace | QA |
| 3457Y NP | BENZTROPINE MESYLATE Injection 2 mg in 2 mL | 5 | 103.69 | Cogentin | FK |
| 3458B NP | DIAZEPAM Injection 10 mg in 2 mL | 5 | 12.39 | Hospira Pty Limited | HH |
| 3463G NP | DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5 mL in pre-filled syringe | 20 | *275.12 | ADT Booster | CS |
| 3466K NP | FRUSEMIDE Injection 20 mg in 2 mL | 5 | 9.72 | ^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 | 45.73 | GlucaGen Hypokit | NO |
| 3472R NP | DEXAMETHASONE SODIUM PHOSPHATE Injection equivalent to 4 mg dexamethasone phosphate in 1 mL | 5 | 16.32 | ^a Hospira Pty Limited | HH |
| | | | | ^a Dexmethsone | AS |
| or 3470P NP | or HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent | 2 | *16.62 | Solu-Cortef | PF |
| or 3471Q NP | or HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 250 mg hydrocortisone with 2 mL solvent | 1 | 15.64 | Solu-Cortef | PF |
| 3473T NP | HYOSCINE BUTYLBROMIDE Injection 20 mg in 1 mL | 5 | 24.31 | Buscopan | BY |
| 3474W NP | LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL | 5 | 37.43 | Pfizer Australia Pty Ltd | PF |
| 3475X NP | GLYCERYL TRINITRATE Sublingual spray (pump pack) 400 micrograms per dose (200 doses) | ‡1 | 20.23 | Nitrolingual Pumpspray | SW |
| 3476Y NP | METOCLOPRAMIDE HYDROCHLORIDE Injection 10 mg in 2 mL | 10 | 13.09 | Maxolon | VT |
| or 3477B NP | or PROCHLORPERAZINE Injection containing prochlorperazine mesylate 12.5 mg in 1 mL | 10 | 16.92 | Stemetil | SW |
| 3478C NP | CLONAZEPAM Oral liquid 2.5 mg per mL, 10 mL | ‡1 | 10.83 | Rivotril | RO |
| 3479D NP | MORPHINE SULFATE Injection 15 mg in 1 mL | 5 | 14.45 | Hospira Pty Limited | HH |

EMERGENCY DRUG SUPPLIES

| Code | Name, Manner of Administration and Form | Max. Qty | Dispensed Price for Max. Qty \$ | Proprietary Name and Manufacturer | |
|--------------------------|---|-------------|--|--|----|
| Or 3480E NP | Or MORPHINE SULFATE Injection 30 mg in 1 mL | 5 | 15.87 | Hospira Pty Limited | HH |
| 3482G NP | NALOXONE HYDROCHLORIDE Injection 2 mg in 5 mL | 2 | *78.18 | Naloxone Min-I-Jet | CS |
| 3484J NP | TRAMADOL HYDROCHLORIDE Injection 100 mg in 2 mL | 5 | 13.20 | ^a Tramal 100 | CS |
| | | | | ^a Tramahexal | SZ |
| 3486L NP | BENZYPENICILLIN Powder for injection 600 mg | 10 | *43.02 | BenPen | CS |
| Or 3485K NP | Or PROCAINE PENICILLIN Injection 1.5 g | 5 | 92.32 | Cilicaine | QA |
| 3487M NP | BENZYPENICILLIN Powder for injection 3 g | 1 | 12.85 | BenPen | CS |
| 3488N NP | PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL | 10 | *22.42 | Hospira Pty Limited | HH |
| 3489P | METHOXYFLURANE Liquid for inhalation 999.9 mg per g, 3 mL (with inhaler) | 1 | 44.88 | Penthrox | DV |
| 3491R NP | TERBUTALINE SULFATE Injection 500 micrograms in 1 mL | 5 | 30.69 | Bricanyl | AP |
| 3494X NP | VERAPAMIL HYDROCHLORIDE Injection 5 mg in 2 mL | 5 | 12.48 | Isoptin | AB |
| 3495Y NP | SALBUTAMOL SULFATE Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation | ‡1 | 10.22 | ^a Asmol CFC-free | AL |
| | | | | ^a Airomir | IA |
| | | | | ^a APO-Salbutamol Inhaler | TX |
| 3495Y NP | SALBUTAMOL SULFATE Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation | ‡1 | 11.38 | ^a Ventolin CFC-free | GK |
| Or 3496B NP | Or SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 | ‡1 | 12.47 | ^a Asmol 2.5 uni-dose | AF |
| | | | | ^a GenRx Salbutamol | GX |
| | | | | ^a Butamol 2.5 | QA |
| | | | | ^a Pharmacor Salbutamol 2.5 | CR |
| | | | | ^a Salbutamol Sandoz | SZ |
| | | | | ^a Salbutamol-GA | GM |
| 3496B NP | SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 | ‡1 | 13.14 | ^a Ventolin Nebules | GK |
| 3497C NP | SALBUTAMOL SULFATE Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 | ‡1 | 12.80 | ^a Asmol 5 uni-dose | AF |

EMERGENCY DRUG SUPPLIES

| Code | Name, Manner of Administration and Form | Max. Qty | Dispensed Price for Max. Qty \$ | Proprietary Name and Manufacturer | |
|-------------|--|-------------|--|--|----|
| | | | | | |
| | | | | ^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 | 13.48 | ^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 | |
|------|---|-------------|----------------|---------|--|--|--|-----------------------------|--|
|------|---|-------------|----------------|---------|--|--|--|-----------------------------|--|

GENERAL PHARMACEUTICAL BENEFITS

| | | | | | | | | | |
|-------------|--|----|---|-------------------|--------|--------|-------|--------|----|
| 1888J NP | AMOXYCILLIN | | | | | | | | |
| | Powder for paediatric oral drops 100 mg per mL, 20 mL | £1 | 1 | ⁵ 0.61 | #13.36 | #13.97 | 14.81 | Amoxil | GK |

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 | .. | #13.97 | #13.97 | 15.42 | Amoxil | GK |
|-------------|--|----|---|----|--------|--------|-------|--------|----|

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 | ⁵ 2.78 | *26.00 | *28.78 | 27.11 | Naramig | GK |
|-------------|----------------------------------|---|---|-------------------|--------|--------|-------|---------|----|

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 | .. | *28.78 | *28.78 | 29.89 | Naramig | GK |
|-------------|----------------------------------|---|---|----|--------|--------|-------|---------|----|

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 | *25.94 | *28.70 | 27.05 | Zomig |
| NP | | | | | | | | AP |

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 | .. | *28.70 | *28.70 | 29.81 | Zomig | AP |
|-------------|---------------|---|---|----|--------|--------|-------|-------|----|

PHARMACEUTICAL BENEFITS FOR DENTAL USE

AMOXYCILLIN

| | | | | | | | | | |
|-------|--|----|----|--------|--------|--------|-------|--------|----|
| 3310F | Powder for paediatric oral drops 100 mg per mL, 20 mL | £1 | .. | \$0.61 | #13.36 | #13.97 | 14.81 | Amoxil | GK |
|-------|--|----|----|--------|--------|--------|-------|--------|----|

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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

Alimentary tract and metabolism

Stomatological preparations

Stomatological preparations

Antiinfectives and antiseptics for local oral treatment

| | | | | | | | | |
|-------------|--------------------------------------|----|---|----|-------|-------|----------|----|
| 2931G NP | AMPHOTERICIN Lozenge 10 mg | 20 | 1 | .. | 12.13 | 13.24 | Fungilin | QA |
|-------------|--------------------------------------|----|---|----|-------|-------|----------|----|

| | | | | | | | | |
|-------------|--|---|---|----|-------|-------|------------|----|
| 3033P NP | NYSTATIN Oral suspension 100,000 units per mL, 24 mL | 1 | 1 | .. | 11.24 | 12.35 | Mycostatin | FM |
| | | | | | | | Nilstat | QA |

Other agents for local oral treatment

BENZYDAMINE HYDROCHLORIDE

Restricted benefit

Radiation induced mucositis.

| | | | | | | | | |
|-------------|---|---|---|----|-------|-------|---------|----|
| 1121B NP | Mouth and throat rinse 22.5 mg per 15 mL, 500 mL | 1 | 1 | .. | 22.36 | 23.47 | Diffiam | IA |
|-------------|---|---|---|----|-------|-------|---------|----|

Drugs for acid related disorders

Antacids

Combinations and complexes of aluminium, calcium and magnesium compounds

| | | | | | | | | |
|-------------|--|---|---|----|--------|-------|-----------|----|
| 2157M NP | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Oral suspension 200 mg-200 mg per 5 mL, 500 mL | 2 | 5 | .. | *17.80 | 18.91 | Mylanta P | JT |
|-------------|--|---|---|----|--------|-------|-----------|----|

| | | | | | | | | |
|-------------|---|---|---|----|--------|-------|-----------|----|
| 2159P NP | ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Oral suspension 250 mg-120 mg-120 mg per 5 mL, 500 mL | 2 | 5 | .. | *17.80 | 18.91 | Gastrogel | FM |
|-------------|---|---|---|----|--------|-------|-----------|----|

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 NP | Tablet 400 mg | 60 | 5 | .. | 18.58 | 19.69 | Magicul 400 | AF |
|-------------|---------------|----|---|----|-------|-------|-------------|----|

| | | | | | | | | |
|-------------|---------------|----|---|----|-------|-------|-------------|----|
| 1159B NP | Tablet 800 mg | 30 | 5 | .. | 18.58 | 19.69 | Magicul 800 | AF |
|-------------|---------------|----|---|----|-------|-------|-------------|----|

FAMOTIDINE

Note

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

| | | | | | | | | |
|-------------|--------------|----|---|----|-------|-------|----------------------------|----|
| 2487X NP | Tablet 20 mg | 60 | 5 | .. | 14.32 | 15.43 | ^a Ausfam 20 | QA |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Famotidine | |
| | | | | | | | ^a Famotidine-PS | 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 |
|--|---|-------------|-------------|-------------------|--|--|--------------------------------------|
| 2488Y NP | Tablet 40 mg | 30 | 5 | .. | 14.32 | 15.43 | ^a Famotidine Sandoz SZ |
| | | | | | | | ^a GenRx Famotidine GX |
| | | | | | | | ^a Pamacid 20 AF |
| | | | | | | | ^a Pepzan GM |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | Famotidine |
| | | | | | | | ^a Ausfam 40 QA |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | Famotidine |
| | | | | | | | ^a Famotidine-PS FZ |
| | | | | | | | ^a Famotidine Sandoz SZ |
| | | | | | | | ^a GenRx Famotidine GX |
| | | | | | | | ^a Pamacid 40 AF |
| | | | | | | | ^a Pepzan GM |
| ^a Terry White Chemists TW | | | | | | | |
| | | | | ^B 3.84 | 18.16 | 15.43 | ^a Famotidine MK |
| | | | | | | | |
| NIZATIDINE | | | | | | | |
| Note | | | | | | | |
| Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug. | | | | | | | |
| 1504E NP | Capsule 300 mg | 30 | 5 | .. | 18.53 | 19.64 | ^a Nizac LN |
| | | | | | | | ^a Tacidine AF |
| 1505F NP | Capsule 150 mg | 60 | 5 | ^B 5.32 | 23.85 | 19.64 | ^a Tazac AS |
| | | | | | | | ^a Nizac LN |
| | | | | ^B 5.32 | 23.85 | 19.64 | ^a Tacidine AF |
| | | | | | | | ^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 NP | Effervescent tablet 150 mg (base) | 60 | 5 | ^T 3.16 | *20.58 | 18.53 | Zantac GK |
| 1977C NP | Tablet 300 mg (base) | 30 | 5 | .. | 17.40 | 18.51 | ^a Ausran QA |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | Ranitidine |
| | | | | | | | ^a GenRx Ranitidine GX |
| | | | | | | | ^a Rani 2 AF |
| | | | | | | | ^a Ranitidine Sandoz SZ |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | Ranitidine |
| | | | | | | | ^a Ulcaid RA |
| | | | | | | | ^B 2.35 |
| 1978D NP,MW | Tablet 150 mg (base) | 60 | 5 | .. | 17.40 | 18.51 | ^a Zantac GK |
| | | | | | | | ^a Ausran QA |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | Ranitidine |
| | | | | | | | ^a GenRx Ranitidine GX |
| | | | | | | | ^a Rani 2 AF |
| | | | | | | | ^a Ranitidine-PS FZ |
| | | | | | | | ^a Ranitidine 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 Ranoxyl | GM |
| | | | | | | | ^a Terry White Chemists Ranitidine | TW |
| | | | | | | | ^a Ulcaid | RA |
| | | | | ^B 2.35 | 19.75 | 18.51 | ^a Zantac | GK |
| 8162N NP | Syrup 150 mg (base) per 10 mL, 300 mL | 2 | 5 | ^T 2.20 | *26.82 | 25.73 | 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 | .. | *20.58 | 21.69 | Zantac | GK |
| 8905Q NP | Syrup 150 mg (base) per 10 mL, 300 mL | 2 | 5 | .. | *26.82 | 27.93 | 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 | .. | 52.22 | 35.40 | Cytotec | PF |
|-------|-----------------------|-----|---|----|-------|-------|---------|----|

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 | .. | 30.14 | 31.25 | Nexium | AP |
|-------------|---|----|---|----|-------|-------|--------|----|

ESOMEPRAZOLE MAGNESIUM TRIHYDRATE

Restricted benefit

Healing of gastro-oesophageal reflux disease.

Note

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

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 | |
|-------------|--|-------------|-------------|---------|--|--|-----------------------------|----|
| 8601Q NP | Tablet (enteric coated), equivalent to 40 mg esomeprazole | 30 | 1 | .. | 45.79 | 35.40 | Nexium | AP |

ESOMEPRAZOLE MAGNESIUM TRIHYDRATE

Restricted benefit

Maintenance of healed gastro-oesophageal reflux disease;

Scleroderma oesophagus;

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion.

Note

No applications for increased maximum quantities will be authorised.

| | | | | | | | | |
|-------------|--|----|---|----|-------|-------|--------|----|
| 8600P NP | Tablet (enteric coated), equivalent to 20 mg esomeprazole | 30 | 5 | .. | 30.14 | 31.25 | Nexium | AP |
|-------------|--|----|---|----|-------|-------|--------|----|

ESOMEPRAZOLE MAGNESIUM TRIHYDRATE

Authority required

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion;

Scleroderma oesophagus.

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.

| | | | | | | | | |
|-------------|--|----|---|----|-------|-------|--------|----|
| 3401B NP | Tablet (enteric coated), equivalent to 40 mg esomeprazole | 30 | 5 | .. | 45.79 | 35.40 | Nexium | AP |
|-------------|--|----|---|----|-------|-------|--------|----|

LANSOPRAZOLE

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 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 NP | Capsule 30 mg | 28 | 1 | .. | 23.55 | 24.66 | ^a APO-Lansoprazole | TX |
| | | | | | | | ^a Lanzopran | RA |
| | | | | | | | ^a Zopral | AF |
| 9477T NP | Tablet 30 mg (orally disintegrating) | 28 | 1 | ^B 0.96 | 24.51 | 24.66 | ^a Zoton FasTabs | PF |

LANSOPRAZOLE

Restricted benefit

Gastro-oesophageal reflux disease;

Scleroderma oesophagus.

| | | | | | | | | |
|-------------|--------------------------------------|----|---|----|-------|-------|---------------|----|
| 8198L NP | Capsule 15 mg | 30 | 5 | .. | 16.71 | 17.82 | Zopral | AF |
| 9331D NP | Tablet 15 mg (orally disintegrating) | 28 | 5 | .. | 16.00 | 17.11 | Zoton FasTabs | PF |

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 |
|---|---|-------------|-------------|-------------------|--|--|-----------------------------|
| LANSOPRAZOLE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Gastro-oesophageal reflux disease; | | | | | | | |
| Scleroderma oesophagus. | | | | | | | |
| <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. | | | | | | | |
| 2241Y NP | Capsule 30 mg | 28 | 5 | .. | 23.55 | 24.66 ^a | APO-Lansoprazole TX |
| | | | | | | ^a | Lanzopran RA |
| | | | | | | ^a | Zopral AF |
| 9478W NP | Tablet 30 mg (orally disintegrating) | 28 | 5 | ^B 0.96 | 24.51 | 24.66 ^a | Zoton FasTabs PF |
| OMEPRAZOLE | | | | | | | |
| <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 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 | .. | 20.14 | 21.25 ^a | APO-Omeprazole TX |
| | | | | | | ^a | Chem mart CH |
| | | | | | | ^a | Omeprazole GX |
| | | | | | | ^a | GenRx Omeprazole SZ |
| | | | | | | ^a | Meprazol GM |
| | | | | | | ^a | Omeprazole-GA |
| | | | | | | ^a | Omeprazole GQ |
| | | | | | | ^a | generichealth |
| | | | | | | ^a | Omeprazole-PS FZ |
| | | | | | | ^a | Omeprazole WA |
| | | | | | | ^a | Winthrop |
| | | | | | | ^a | Ozmep ZP |
| | | | | | | ^a | Terry White TW |
| | | | | | | ^a | Chemists |
| | | | | | | ^a | Omeprazole |
| 9109K NP | Tablet 20 mg (as magnesium) | 30 | 1 | .. | 20.14 | 21.25 ^a | Acimax Tablets AL |
| | | | | | | ^a | Omepral PM |
| | | | | | | ^a | Omeprazole SZ |
| | | | | ^B 2.23 | 22.37 | 21.25 ^a | Sandoz |
| | | | | | | ^a | Losec Tablets AP |
| OMEPRAZOLE | | | | | | | |
| <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. | | | | | | | |
| 1326T NP | Capsule 20 mg | 30 | 1 | .. | 20.14 | 21.25 ^a | APO-Omeprazole TX |
| | | | | | | ^a | Omeprazole HX |
| | | | | | | | Sandoz |

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 Omepro-GA | GM |
| | | | | | | | ^a Pemzo | QA |
| | | | | | | | ^a Pharmacor | CR |
| | | | | | | | ^a Omeprazole 20 | |
| | | | | | | | 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 | .. | 20.14 | 21.25 | ^a APO-Omeprazole | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | Omeprazole | |
| | | | | | | | ^a GenRx Omeprazole | GX |
| | | | | | | | ^a Meprazol | SZ |
| | | | | | | | ^a Omeprazole-GA | GM |
| | | | | | | | ^a Omeprazole | GQ |
| | | | | | | | generichealth | |
| | | | | | | | ^a Omeprazole-PS | FZ |
| | | | | | | | ^a Omeprazole | WA |
| | | | | | | | Winthrop | |
| | | | | | | | ^a Ozmepr | ZP |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | Chemists | |
| | | | | | | | Omeprazole | |
| 9110L NP | Tablet 20 mg (as magnesium) | 30 | 5 | .. | 20.14 | 21.25 | ^a Acimax Tablets | AL |
| | | | | | | | ^a Omepral | PM |
| | | | | | | | ^a Omeprazole | SZ |
| | | | | | | | Sandoz | |
| | | | | ^B 2.23 | 22.37 | 21.25 | ^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 | .. | 20.14 | 21.25 | ^a APO-Omeprazole | TX |
| | | | | | | | ^a Omeprazole | HX |
| | | | | | | | Sandoz | |
| | | | | | | | ^a Omepro-GA | GM |
| | | | | | | | ^a Pemzo | QA |
| | | | | | | | ^a Pharmacor | CR |
| | | | | | | | ^a Omeprazole 20 | |
| | | | | | | | Probitor | SZ |
| 8332M NP | Tablet 10 mg (as magnesium) | 30 | 5 | .. | 16.12 | 17.23 | Losec Tablets | AP |

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 |
|---|---|-------------|-------------|---------|--|--|---|
| PANTOPRAZOLE SODIUM SESQUIHYDRATE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Initial treatment of peptic ulcer. | | | | | | | |
| <u>Note</u> | | | | | | | |
| Helicobacter pylori eradication therapy should be considered. | | | | | | | |
| <u>Note</u> | | | | | | | |
| No applications for increased repeats will be authorised. | | | | | | | |
| 8007K NP | Tablet (enteric coated), equivalent to 40 mg pantoprazole | 30 | 2 | .. | 21.59 | 22.70 | a APO-Pantoprazole TX a Chem mart CH Pantoprazole 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 STADA TD Pantoprazole a Terry White Chemists TW Pantoprazole a Torzole 40 TA Somac NQ |
| 9423Y NP | Sachet containing granules 40 mg | 30 | 2 | .. | 30.81 | 31.92 | a Somac NQ |
| PANTOPRAZOLE SODIUM SESQUIHYDRATE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Gastro-oesophageal reflux disease. | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Scleroderma oesophagus; | | | | | | | |
| Zollinger-Ellison syndrome. | | | | | | | |
| 8008L NP | Tablet (enteric coated), equivalent to 40 mg pantoprazole | 30 | 5 | .. | 21.59 | 22.70 | a APO-Pantoprazole TX a Chem mart CH Pantoprazole 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 |

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 Somac | NQ |
| | | | | | | | ^a Sozol | QA |
| | | | | | | | ^a STADA | TD |
| | | | | | | | ^a Pantoprazole | |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | ^a Pantoprazole | |
| | | | | | | | ^a Torzole 40 | TA |
| 8399C NP | Tablet (enteric coated), equivalent to 20 mg pantoprazole | 30 | 5 | .. | 13.87 | 14.98 | ^a APO-Pantoprazole | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Pantoprazole | |
| | | | | | | | ^a Ozpan | RA |
| | | | | | | | ^a Panto | NZ |
| | | | | | | | ^a Pantofast 20 | RZ |
| | | | | | | | ^a Pantoloc | NH |
| | | | | | | | ^a Pantoprazole-GA | GM |
| | | | | | | | ^a Pantoprazole | GQ |
| | | | | | | | ^a generichealth | |
| | | | | | | | ^a Pantoprazole-PS | FZ |
| | | | | | | | ^a Pantoprazole | SZ |
| | | | | | | | ^a Sandoz | |
| | | | | | | | ^a Salpraz | AF |
| | | | | | | | ^a Somac | NQ |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | ^a Pantoprazole | |
| | | | | | | | ^a Torzole 20 | TA |
| 9424B NP | Sachet containing granules 40 mg | 30 | 5 | .. | 30.81 | 31.92 | Somac | NQ |

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 | .. | 33.80 | 34.91 | Pariet | JC |
|-------------|-------------------------------|----|---|----|-------|-------|--------|----|

RABEPRAZOLE SODIUM

Restricted benefit

Gastro-oesophageal reflux disease;

Scleroderma oesophagus.

| | | | | | | | | |
|-------------|-------------------------------|----|---|----|-------|-------|--------|----|
| 8507R NP | Tablet 10 mg (enteric coated) | 28 | 5 | .. | 33.80 | 34.91 | Pariet | JC |
| 8508T NP | Tablet 20 mg (enteric coated) | 30 | 5 | .. | 33.80 | 34.91 | 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 | £1 | .. | .. | 65.37 | 35.40 | Nexium Hp7 | AP |
|-------------|--|----|----|----|-------|-------|------------|----|

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 | |
|---|---|-------------|-------------|-------------------|--|--|-----------------------------|----|
| | amoxicillin 500 mg | | | | | | | |
| OMEPRAZOLE and CLARITHROMYCIN and AMOXYCILLIN | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| 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 | .. | .. | 58.74 | 35.40 | Probitor Hp7 | SZ |
| <i>Other drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)</i> | | | | | | | | |
| SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE | | | | | | | | |
| 2014B NP | Oral liquid 1 g-320 mg-534 mg in 20 mL, 500 mL | 2 | 5 | .. | *14.78 | 15.89 | Gaviscon P | RC |
| SUCRALFATE | | | | | | | | |
| 2055E NP | Tablet equivalent to 1 g anhydrous sucralfate | 120 | 2 | .. | 24.82 | 25.93 ^a | Ulcyte | AF |
| | | | | ^B 2.06 | 26.88 | 25.93 ^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 NP | Injection containing atropine sulfate 600 micrograms in 1 mL | 10 | 1 | .. | 20.64 | 21.75 | Pfizer Australia Pty Ltd | PF |
|-------------|---|----|---|----|-------|-------|-----------------------------|----|

Propulsives

Propulsives

DOMPERIDONE

| | | | | | | | | |
|-------------|--------------|----|----|----|------|-------|----------|----|
| 1347X NP | Tablet 10 mg | 25 | .. | .. | 8.99 | 10.10 | Motilium | JC |
|-------------|--------------|----|----|----|------|-------|----------|----|

METOCLOPRAMIDE HYDROCHLORIDE

| | | | | | | | | |
|----------------|-------------------------|----|----|-------------------|-------|-------|---------|----|
| 1206L NP,MW | Injection 10 mg in 2 mL | 10 | .. | .. | 13.09 | 14.20 | Maxolon | VT |
| 1207M NP,MW | Tablet 10 mg | 25 | .. | .. | 8.30 | 9.41 | Pramin | AF |
| | | | | ^B 3.02 | 11.32 | 9.41 | Maxolon | VT |

Antiemetics and anti-nauseants

Antiemetics and anti-nauseants

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 NP | Tablet 2 mg (base) | 2 | .. | .. | *59.08 | 35.40 | Kytril | HH |
|-------------|--------------------|---|----|----|--------|-------|--------|----|

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 | |
|--|---|-------------|-------------|---------|--|--|-------------------------------|----|
| <hr/> | | | | | | | | |
| GRANISETRON HYDROCHLORIDE | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 3611 | | | | | | | | |
| Management of nausea and vomiting associated with radiotherapy being used to treat malignancy. | | | | | | | | |
| 8873B NP | Tablet 2 mg (base) | 5 | 1 | .. | 137.94 | 35.40 | Kytril | HH |
| <hr/> | | | | | | | | |
| GRANISETRON 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. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| For item codes 8729K and 1812J, pharmaceutical benefits that have the form concentrated injection 3 mg (base) in 3 mL are equivalent for the purposes of substitution. | | | | | | | | |
| 1812J NP | Concentrated injection 3 mg (base) in 3 mL | 1 | .. | .. | *37.98 | 35.40 | ^a Granisetron Kabi | PK |
| 8729K NP | Concentrated injection 3 mg (base) in 3 mL | 1 | .. | .. | 37.95 | 35.40 | ^a Kytril | HH |
| <hr/> | | | | | | | | |
| GRANISETRON HYDROCHLORIDE | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 3611 | | | | | | | | |
| Management of nausea and vomiting associated with radiotherapy being used to treat malignancy. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| For item codes 8730L and 1814L, pharmaceutical benefits that have the form concentrated injection 3 mg (base) in 3 mL are equivalent for the purposes of substitution. | | | | | | | | |
| 1814L NP | Concentrated injection 3 mg (base) in 3 mL | 1 | .. | .. | *37.98 | 35.40 | ^a Granisetron Kabi | PK |
| 8730L NP | Concentrated injection 3 mg (base) in 3 mL | 1 | .. | .. | 37.95 | 35.40 | ^a Kytril | HH |
| <hr/> | | | | | | | | |
| 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. | | | | | | | | |
| 8224W NP | Tablet 4 mg (as hydrochloride dihydrate) | 4 | .. | .. | 26.52 | 27.63 | ^a APO-Ondansetron | TX |
| | | | | | | | ^a Ondansetron-DRLA | RZ |
| | | | | | | | ^a Ondaz | SZ |
| | | | | | | | ^a Onsetron 4 | ZP |
| | | | | | | | ^a Zofran | GK |
| | | | | | | | ^a Zondan | GM |
| 8225X NP | Tablet 8 mg (as hydrochloride dihydrate) | 4 | .. | .. | 37.83 | 35.40 | ^a APO-Ondansetron | TX |
| | | | | | | | ^a Ondansetron-DRLA | RZ |
| | | | | | | | ^a Ondaz | SZ |
| | | | | | | | ^a Onsetron 8 | ZP |
| | | | | | | | ^a Zofran | GK |
| | | | | | | | ^a Zondan | GM |
| 8226Y | I.V. injection 4 mg (as hydrochloride dihydrate) | 1 | .. | .. | 8.91 | 10.02 | ^a Ondansetron | AF |

Alimentary tract and metabolism

| | | | | | 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 | in 2 mL | | | | | | a | Alphapharm Ondansetron-Clarix AE |
| | | | | | | | a | Ondaz SZ |
| | | | | | | | a | Onsetron ZP |
| | | | | | | | a | Zofran GK |
| 8227B | I.V. injection 8 mg (as hydrochloride dihydrate) | 1 | .. | .. | 10.30 | 11.41 | a | Ondansetron AF |
| NP | in 4 mL | | | | | | a | Alphapharm Ondansetron-Clarix AE |
| | | | | | | | a | Ondaz SZ |
| | | | | | | | a | Onsetron ZP |
| | | | | | | | a | Zofran GK |
| 9441X | Syrup 4 mg (as hydrochloride dihydrate) per | ±1 | .. | .. | 102.06 | 35.40 | | Zofran syrup 50 mL GK |
| NP | 5 mL, 50 mL | | | | | | | |

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 <i>NP</i> | Tablet (orally disintegrating) 4 mg | 4 | .. | .. | 26.52 | 27.63 | ^a | Ondansetron ODT- DRLA | RZ |
| | | | | | | | ^a | Onsetron ODT 4 | WQ |
| 8410P <i>NP</i> | Wafer 4 mg | 4 | .. | .. | 26.52 | 27.63 | ^a | Ondaz Zydis | SZ |
| | | | | | | | ^a | Zofran Zydis | GK |

ONDANSETRON

Restricted benefit

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

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

Note

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

| | | | | | | | | | |
|--------------------|-------------------------------------|---|----|----|-------|-------|--------------|--------------------------|----|
| 5471Y <i>NP</i> | Tablet (orally disintegrating) 8 mg | 4 | .. | .. | 37.83 | 35.40 | ^a | Ondansetron ODT- DRLA | RZ |
| | | | | | | | ^a | Onsetron ODT 8 | WQ |
| 8411Q <i>NP</i> | Wafer 8 mg | 4 | .. | .. | 37.83 | 35.40 | ^a | Ondaz Zydis | SZ |
| | | | | | | | ^a | Zofran Zydis | GK |

ONDANSETRON

Authority required (STREAMLINED)

3611

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

| | | | | | | | | | |
|--------------------|--|----|---|----|-------|-------|--------------|----------------------------|----|
| 1594X <i>NP</i> | Tablet 4 mg (as hydrochloride dihydrate) | 10 | 1 | .. | 54.50 | 35.40 | ^a | APO-Ondansetron | TX |
| | | | | | | | ^a | Ondansetron-DRLA | RZ |
| | | | | | | | ^a | Ondansetron Tabs Pfizer | 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 |
|-------------|---|-------------|-------------|---------|--|--|---|
| 1595Y NP | Tablet 8 mg (as hydrochloride dihydrate) | 10 | 1 | .. | 81.42 | 35.40 | ^a Ondaz SZ |
| | | | | | | | ^a Onsetron 4 ZP |
| | | | | | | | ^a Zilfojim 4 DO |
| | | | | | | | ^a Zofran GK |
| | | | | | | | ^a Zondan GM |
| | | | | | | | ^a APO-Ondansetron TX |
| | | | | | | | ^a Ondansetron-DRLA RZ |
| | | | | | | | ^a Ondansetron Tabs Pfizer FZ |
| | | | | | | | ^a Ondaz SZ |
| | | | | | | | ^a Onsetron 8 ZP |
| | | | | | | | ^a Zilfojim 8 DO |
| | | | | | | | ^a Zofran GK |
| 1596B NP | I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL | 1 | .. | .. | 8.91 | 10.02 | ^a Zondan GM |
| | | | | | | | ^a Ondansetron AF |
| | | | | | | | ^a Alphapharm |
| | | | | | | | ^a Ondansetron-Clariss AE |
| | | | | | | | ^a Ondaz SZ |
| 1597C NP | I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL | 1 | .. | .. | 10.30 | 11.41 | ^a Onsetron ZP |
| | | | | | | | ^a Zofran GK |
| | | | | | | | ^a Ondansetron AF |
| | | | | | | | ^a Alphapharm |
| | | | | | | | ^a Ondansetron-Clariss AE |
| 8233H NP | Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL | 1 | 1 | .. | 102.06 | 35.40 | ^a Ondaz SZ |
| | | | | | | | ^a Onsetron ZP |
| | | | | | | | ^a Zofran GK |
| 8233H NP | Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL | 1 | 1 | .. | 102.06 | 35.40 | ^a Zofran syrup 50 mL GK |

ONDANSETRON

Authority required (STREAMLINED)

3611

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

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.

| | | | | | | | |
|-------------|-------------------------------------|----|---|----|-------|-------|--------------------------------------|
| 5472B NP | Tablet (orally disintegrating) 4 mg | 10 | 1 | .. | 54.50 | 35.40 | ^a Ondansetron ODT-DRLA RZ |
| | | | | | | | ^a Onsetron ODT 4 WQ |
| 8412R NP | Wafer 4 mg | 10 | 1 | .. | 54.50 | 35.40 | ^a Ondaz Zydis SZ |
| | | | | | | | ^a Zofran Zydis GK |

ONDANSETRON

Authority required (STREAMLINED)

3611

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

Note

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

| | | | | | | | |
|-------------|-------------------------------------|----|---|----|-------|-------|--------------------------------------|
| 5473C NP | Tablet (orally disintegrating) 8 mg | 10 | 1 | .. | 81.42 | 35.40 | ^a Ondansetron ODT-DRLA RZ |
| | | | | | | | ^a Onsetron ODT 8 WQ |

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 8413T NP | Wafer 8 mg | 10 | 1 | .. | 81.42 | 35.40 ^a | Ondaz Zydis | SZ |
| | | | | | | ^a | Zofran Zydis | GK |

PALONOSETRON

Restricted benefit

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

Note

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

| | | | | | | | | |
|-------------|---|---|----|----|-------|-------|-------|----|
| 5295Q NP | Injection 250 micrograms (as hydrochloride) in 5 mL | 1 | .. | .. | 47.96 | 35.40 | Aloxi | TS |
|-------------|---|---|----|----|-------|-------|-------|----|

TROPISETRON HYDROCHLORIDE

Restricted benefit

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

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

| | | | | | | | | |
|-------------|------------------------------------|---|----|----|-------|-------|---------|----|
| 2745L NP | Capsule 5 mg (base) | 2 | .. | .. | 50.82 | 35.40 | Navoban | NV |
| 2746M NP | I.V. injection 5 mg (base) in 5 mL | 1 | .. | .. | 29.39 | 30.50 | Navoban | NV |

Other antiemetics

APREPITANT

Note

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

Authority required (STREAMLINED)

3619

Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy, in combination with a 5HT₃ antagonist and dexamethasone, where any 1 of the following chemotherapy agents are to be administered:

- (a) altretamine;
- (b) carmustine;
- (c) cisplatin when a single dose constitutes a cycle of chemotherapy;
- (d) cyclophosphamide at a dose of 1500 mg per square metre per day or greater;
- (e) dacarbazine;
- (f) procarbazine when a single dose constitutes a cycle of chemotherapy;
- (g) streptozocin.

No more than 1 pack containing 1 x 125 mg capsule and 2 x 80 mg capsules will be authorised per cycle of cytotoxic chemotherapy;

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;

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 | |
|--|--|-------------|-------------|-------------------|--|--|-----------------------------------|----|
| | (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 | .. | 138.99 | 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 | .. | .. | 16.92 | 18.03 | Stemetil | SW |
| 2893G NP | Tablet containing prochlorperazine maleate 5 mg | 25 | .. | .. | 8.79 | 9.90 | ^a APO-Prochlorperazine | TX |
| | | | | | | | ^a Pharmacor Prozine 5 | CR |
| | | | | | | | ^a ProCalm | QA |
| | | | | | | | ^a Prochlorperazine-GA | GM |
| | | | | | | | ^a Prochlorperazine-GH | GQ |
| | | | | | | | ^a Prochlorperazine-PS | FZ |
| | | | | | | | ^a Stemzine | AV |
| | | | | ^B 2.57 | 11.36 | 9.90 | ^a Stemetil | SW |
| 2895J NP | Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5 | ±1 | 2 | .. | 20.03 | 21.14 | Stemetil | SW |

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 NP | Capsule 250 mg | 200 | 2 | .. | *372.70 | 35.40 | Ursafalk | OA |
|-------------|----------------|-----|---|----|---------|-------|----------|----|

Alimentary tract and metabolism

| 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 \$ | |
| Laxatives | | | | | | | |

Laxatives

Contact laxatives

BISACODYL

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.

| | | | | | | | | |
|-------------|-------------------------|-----|---|-------------------|--------|-------|--|----|
| 1258F NP | Suppositories 10 mg, 12 | 3 | 4 | .. | *18.43 | 19.54 | Petrus Bisacodyl Suppositories | PP |
| 1259G NP | Tablet 5 mg | 200 | 2 | .. | 14.21 | 15.32 | Bisalax | AS |
| | | | | | | | Lax-Tab | AE |
| 1260H NP | Suppositories 10 mg, 10 | 3 | 5 | .. | *21.04 | 22.15 | ^a Petrus Bisacodyl Suppositories | PP |
| | | | | ^B 1.50 | *22.54 | 22.15 | ^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 | .. | 26.47 | 27.58 | Normacol Plus | NE |
|-------------|---|----|---|----|-------|-------|---------------|----|

Osmotically acting laxatives

LACTULOSE

Restricted benefit

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 | .. | 12.11 | 13.22 | ^a Actilax | AF |
| | | | | | | | ^a Genlac | QA |
| | | | | | | | ^a GenRx Lactulose | GX |
| | | | | | | | ^a Lac-Dol | GM |
| | | | | | | | ^a Lactocur | SZ |
| | | | | ^B 1.20 | 13.31 | 13.22 | ^a Duphalac | AB |

MACROGOL 3350

Restricted benefit

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.

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 | |
|-------------|--|-------------|-------------|---------|--|--|--|----|
| 3416T NP | Powder for oral solution 510 g | ‡1 | 5 | .. | 20.65 | 21.76 | ^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 | .. | 20.65 | 21.76 | Movicol | NE |

Enemas

BISACODYL

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.

| | | | | | | | | |
|-------------|--------------------------|----|---|----|-------|-------|---------|----|
| 1263L NP | Enemas 10 mg in 5 mL, 25 | ‡1 | 2 | .. | 38.04 | 35.40 | Bisalax | AS |
|-------------|--------------------------|----|---|----|-------|-------|---------|----|

SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE

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.

| | | | | | | | | |
|-------------|---|---|---|----|--------|-------|------------------------|----|
| 2091C NP | Enemas 3.125 g-450 mg-45 mg in 5 mL, 12 | 2 | 2 | .. | *32.38 | 33.49 | ^a Micolette | AE |
| | | | | | | | ^a Microlax | JT |

Other laxatives

GLYCEROL

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.

| | | | | | | | | |
|-------------|--|---|---|----|--------|-------|--------------------------------------|----|
| 2555L NP | Suppositories 700 mg (for infants), 12 | 3 | 5 | .. | *19.57 | 20.68 | Petrus Pharmaceuticals Pty Ltd | PP |
| 2556M NP | Suppositories 1.4 g (for children), 12 | 3 | 5 | .. | *19.99 | 21.10 | Petrus Pharmaceuticals Pty Ltd | PP |
| 2557N NP | Suppositories 2.8 g (for adults), 12 | 3 | 5 | .. | *20.50 | 21.61 | Petrus Pharmaceuticals Pty Ltd | PP |

Alimentary tract and metabolism

| 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 \$ | |
| Antidiarrheals, intestinal antiinflammatory/ antiinfective agents | | | | | | | |

Intestinal antiinfectives

Antibiotics

NYSTATIN

| | | | | | | | | |
|-------------|-----------------------|----|----|----|-------|-------|---------|----|
| 1696G NP | Tablet 500,000 units | 50 | .. | .. | 18.08 | 19.19 | Nilstat | QA |
| 1699K NP | Capsule 500,000 units | 50 | .. | .. | 18.08 | 19.19 | 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 | .. | .. | *232.36 | 35.40 | Vancocin | AS |
| 3114X | Capsule 250 mg (250,000 i.u.) vancomycin activity | 40 | .. | .. | *440.16 | 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 NP | Sachets containing powder for oral solution 4.9 g, 10 | ±1 | .. | .. | 13.02 | 14.13 | ^a O.R.S. | AS |
| | | | | | | | ^a Repalyte New Formulation | SW |
| | | | | | | | ^a restore O.R.S. | GM |

Antipropulsives

Antipropulsives

DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE

| | | | | | | | | |
|-------------|-----------------------------|----|----|-------------------|-------|------|------------------------|----|
| 2501P NP | Tablet 2.5 mg-25 micrograms | 20 | .. | .. | 8.58 | 9.69 | ^a Lofenoxal | HC |
| | | | | ^B 1.72 | 10.30 | 9.69 | ^a Lomotil | BI |

LOPERAMIDE HYDROCHLORIDE

| | | | | | | | | |
|-------------|--------------|----|----|-------------------|------|------|-------------------------------------|----|
| 1571Q NP | Capsule 2 mg | 12 | .. | .. | 8.56 | 9.67 | ^a Gastro-Stop Loperamide | AS |
| | | | | ^B 0.89 | 9.45 | 9.67 | ^a 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 | Rectal foam 90 mg per applicatorful, 14 | 2 | 3 | .. | *37.18 | 35.40 | Colifoam | AS |
|-------|---|---|---|----|--------|-------|----------|----|

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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
| NP | applications, aerosol 21.1 g | | | | | | |

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 | .. | *211.44 | 35.40 | Predsol | QA |
|-------------|---|----|---|----|---------|-------|---------|----|

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 | .. | *41.80 | 35.40 | Predsol | QA |
|-------------|--|---|---|----|--------|-------|---------|----|

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.

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 | .. | 124.95 | 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 | .. | 93.53 | 35.40 | Mesasal | GK |
| 2214M NP | Tablet 500 mg (prolonged release) | 200 | 5 | .. | *297.54 | 35.40 | Pentasa | FP |
| 2234N NP | Sachet containing prolonged release granules, 1 g per sachet | 120 | 5 | .. | 330.77 | 35.40 | Pentasa | FP |

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 2287J NP | Sachet containing prolonged release granules, 2 g per sachet | 60 | 5 | .. | 312.40 | 35.40 | Pentasa | FP |
| 3413P NP | Tablet 1 g (prolonged release) | 120 | 5 | .. | *330.78 | 35.40 | Pentasa | FP |
| 8731M NP | Tablet 500 mg (enteric coated) | 200 | 5 | .. | *297.54 | 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 | .. | *297.54 | 35.40 | Salofalk | OA |
| 8599N NP | Sachet containing granules, 1 g per sachet | 100 | 5 | .. | 279.73 | 35.40 | Salofalk | OA |
| 9206M NP | Sachet containing granules, 1.5 g per sachet | 60 | 5 | .. | 245.02 | 35.40 | Salofalk | OA |
| 9353G NP | Tablet 1.2 g (prolonged release) | 60 | 5 | .. | 221.09 | 35.40 | Mezavant | ZI |

MESALAZINE

Restricted benefit

Acute episode of mild to moderate ulcerative proctitis.

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 | .. | 136.49 | 35.40 | Salofalk | OA |
| 8752P NP | Suppository 1 g | 30 | 1 | .. | 136.49 | 35.40 | Pentasa | FP |

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.

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 | |
|-------------|--|-------------|-------------|---------|--|--|-----------------------------|----|
| 8616L NP | Enemas 2 g in 60 mL, 7 | 4 | 1 | .. | *336.32 | 35.40 | Salofalk | OA |
| 8617M NP | Enemas 4 g in 60 mL, 7 | 4 | 1 | .. | *446.00 | 35.40 | Salofalk | OA |
| 8753Q NP | Enemas 1 g in 100 mL, 7 | 4 | 1 | .. | *336.32 | 35.40 | Pentasa | FP |
| 8768L NP | Rectal foam 1 g per applicatorful, 14 applications, aerosol 80 g | 4 | 1 | .. | *336.32 | 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 | .. | 61.51 | 35.40 | Dipentum | UC |
| 8086N NP | Tablet 500 mg | 100 | 5 | .. | 103.39 | 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 | .. | *50.38 | 35.40 | Salazopyrin | PF |
| 2096H NP | Tablet 500 mg (enteric coated) | 200 | 5 | .. | *54.34 | 35.40 ^a | Pyralin EN | FZ |
| | | | | ^B 1.84 | *56.18 | 35.40 ^a | Salazopyrin-EN | PF |

SULFASALAZINE

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.

| | | | | | | | | |
|-------|--------------------------------|-----|----|-------------------|--------|--------------------|----------------|----|
| 9208P | Tablet 500 mg | 200 | 11 | .. | *50.38 | 35.40 | Salazopyrin | PF |
| 9209Q | Tablet 500 mg (enteric coated) | 200 | 11 | .. | *54.34 | 35.40 ^a | Pyralin EN | FZ |
| | | | | ^B 1.84 | *56.18 | 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 | Granules (enteric coated) providing not less than | 3 | 10 | .. | *141.88 | 35.40 | Creon Micro | AB |
|-------|---|---|----|----|---------|-------|-------------|----|

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| NP | 5,000 BP units of lipase activity per 100 mg, 20 g | | | | | | | |
| 8020D NP | Capsule (containing enteric coated minimicrospheres) providing not less than 10,000 BP units of lipase activity | 500 | 10 | .. | *183.77 | 35.40 | Creon 10,000 | AB |
| 8021E NP | Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity | 200 | 10 | .. | *147.84 | 35.40 | Creon 25,000 | AB |
| 9412J NP | Capsule (containing enteric coated minimicrospheres) providing not less than 40,000 BP units of lipase activity | 200 | 10 | .. | *230.06 | 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 | .. | *141.88 | 35.40 | Creon Micro | AB |
| 9226N | Capsule (containing enteric coated minimicrospheres) providing not less than 10,000 BP units of lipase activity | 500 | 21 | .. | *183.77 | 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 | .. | *147.84 | 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 | .. | *230.06 | 35.40 | Creon 40,000 | AB |

PANCRELIPASE

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.

| | | | | | | | | |
|-------------|---|-----|----|----|---------|-------|-----------------|----|
| 8366H NP | Capsule (containing enteric coated microtablets) providing not less than 25,000 BP units of lipase activity | 200 | 10 | .. | *138.00 | 35.40 | Panzytrat 25000 | TM |
|-------------|---|-----|----|----|---------|-------|-----------------|----|

PANCRELIPASE

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.

| | | | | | | | | |
|-------|---|-----|----|----|---------|-------|-----------------|----|
| 9229R | Capsule (containing enteric coated microtablets) providing not less than 25,000 BP units of lipase activity | 200 | 21 | .. | *138.00 | 35.40 | Panzytrat 25000 | TM |
|-------|---|-----|----|----|---------|-------|-----------------|----|

Drugs used in diabetes

Insulins and analogues

Insulins and analogues for injection, fast-acting

INSULIN ASPART

| | | | | | | | | |
|-------------|--|---|---|----|---------|-------|---------------------------|----|
| 8435Y NP | Injections (human analogue) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | *264.32 | 35.40 | NovoRapid FlexPen | NF |
| | | | | | | | NovoRapid Penfill 3 mL | NO |

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 | |
|--------------------------|--|-------------|-------------|---------|--|--|-----------------------------|----|
| 8571D NP | Injection (human analogue) 100 units per mL, 10 mL | 5 | 2 | .. | *159.37 | 35.40 | NovoRapid | NO |
| INSULIN GLULISINE | | | | | | | | |
| 1921D NP | Injections (human analogue) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | *264.32 | 35.40 | Apidra | AV |
| | | | | | | | Apidra SoloStar | SW |
| 9224L NP | Injection (human analogue) 100 units per mL, 10 mL | 5 | 2 | .. | *159.37 | 35.40 | Apidra | SW |
| INSULIN LISPRO | | | | | | | | |
| 8084L NP | Injection (human analogue) 100 units per mL, 10 mL | 5 | 2 | .. | *159.37 | 35.40 | Humalog | LY |
| 8212F NP | Injections (human analogue) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | *264.32 | 35.40 | Humalog | LY |
| | | | | | | | Humalog KwikPen | KP |
| INSULIN NEUTRAL | | | | | | | | |
| 1531N NP | Injection (human) 100 units per mL, 10 mL | 5 | 2 | .. | *133.92 | 35.40 | Actrapid | NO |
| | | | | | | | Humulin R | LY |
| 1713E NP | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | *172.12 | 35.40 | Hypurin Neutral | AS |
| 1762R NP | Injections (human) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | *224.42 | 35.40 | Actrapid Penfill 3 mL | NO |
| | | | | | | | Humulin R | LY |

Insulins and analogues for injection, intermediate-acting

| | | | | | | | | |
|----------------------------------|--|---|---|----|---------|-------|----------------------------|----|
| INSULIN ISOPHANE (N.P.H.) | | | | | | | | |
| 1533Q NP | Injection (human) 100 units per mL, 10 mL | 5 | 2 | .. | *133.92 | 35.40 | Humulin NPH | LY |
| | | | | | | | Protaphane | NO |
| 1711C NP | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | *172.12 | 35.40 | Hypurin Isophane | AS |
| 1761Q NP | Injections (human) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | *224.42 | 35.40 | Humulin NPH | LY |
| | | | | | | | Protaphane InnoLet | NI |
| | | | | | | | Protaphane Penfill 3 mL | NO |

Insulins and analogues for injection, intermediate-acting combined with fast-acting

| | | | | | | | | |
|---|---|---|---|----|---------|-------|----------------------------|----|
| INSULIN ASPART—INSULIN ASPART PROTAMINE SUSPENSION | | | | | | | | |
| 8609D NP | Injections (human analogue) 100 units (30 units- 70 units) per mL, 3 mL, 5 | 5 | 1 | .. | *264.32 | 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 | .. | *264.32 | 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 | .. | *264.32 | 35.40 | Humalog Mix50 | LY |
| | | | | | | | Humalog Mix50 KwikPen | KP |
| INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane) | | | | | | | | |
| 1426C | Injection (human) 100 units (30 units-70 units) | 5 | 2 | .. | *133.92 | 35.40 | Humulin 30/70 | 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>NP</i> | per mL, 10 mL | | | | | | | |
| 1763T | Injections (human) 100 units (30 units-70 units) | 5 | 1 | .. | *224.42 | 35.40 | Humulin 30/70 | LY |
| <i>NP</i> | per mL, 3 mL, 5 | | | | | | Mixtard 30/70 InnoLet | NI |
| | | | | | | | Mixtard 30/70 Penfill 3 mL | NO |
| 2062M | Injections (human) 100 units (50 units-50 units) | 5 | 1 | .. | *224.42 | 35.40 | Mixtard 50/50 | NO |
| <i>NP</i> | per mL, 3 mL, 5 | | | | | | Penfill 3 mL | |

Insulins and analogues for injection, long-acting

INSULIN DETEMIR

Restricted benefit

Type 1 diabetes.

| | | | | | | | | |
|-----------|---|---|---|----|---------|-------|-----------------|----|
| 9040T | Injections (human analogue) 100 units per mL, | 5 | 1 | .. | *432.82 | 35.40 | Levemir FlexPen | NF |
| <i>NP</i> | 3 mL, 5 | | | | | | Levemir Penfill | NO |

INSULIN GLARGINE

| | | | | | | | | |
|-----------|---|---|---|----|---------|-------|-----------------|----|
| 9039R | Injections (human analogue) 100 units per mL, | 5 | 1 | .. | *432.82 | 35.40 | Lantus | SW |
| <i>NP</i> | 3 mL, 5 | | | | | | Lantus SoloStar | AV |

Blood glucose lowering drugs, excl. insulins

Biguanides

METFORMIN HYDROCHLORIDE

| | | | | | | | | |
|-----------|---------------|-----|---|-------------------|-------|-------|---|----|
| 1801T | Tablet 850 mg | 60 | 5 | .. | 11.76 | 12.87 | ^a APO-Metformin 850 | TX |
| <i>NP</i> | | | | | | | ^a Chem mart Metformin | CH |
| | | | | | | | ^a Diaformin 850 | AF |
| | | | | | | | ^a Formet 850 | QA |
| | | | | | | | ^a Formet Aspen 850 | AS |
| | | | | | | | ^a GenRx Metformin | GX |
| | | | | | | | ^a Glucobete 850 | DO |
| | | | | | | | ^a Metformin 850 | CR |
| | | | | | | | ^a Metformin-GA | GM |
| | | | | | | | ^a Metformin generichealth | GQ |
| | | | | | | | ^a Metformin Pfizer | FZ |
| | | | | | | | ^a Metformin Ranbaxy | RA |
| | | | | | | | ^a Metformin Sandoz | SZ |
| | | | | | | | ^a Terry White Chemists Metformin | TW |
| | | | | ^B 0.87 | 12.63 | 12.87 | ^a Glucophage | MQ |
| | | | | ^B 1.41 | 13.17 | 12.87 | ^a Diabex 850 | AL |
| 2430X | Tablet 500 mg | 100 | 5 | .. | 11.76 | 12.87 | ^a APO-Metformin 500 | TX |
| <i>NP</i> | | | | | | | ^a Chem mart Metformin | CH |
| | | | | | | | ^a Diaformin | AF |
| | | | | | | | ^a Formet 500 | QA |
| | | | | | | | ^a Formet Aspen 500 | AS |
| | | | | | | | ^a GenRx Metformin | GX |
| | | | | | | | ^a Glucobete 500 | DO |
| | | | | | | | ^a Metformin 500 | CR |

Sulfonamides, urea derivatives

Caution

Caution

| | | | | | | | | | |
|-------------|--------------|-----|---|----|-------|-------|--------------|---------------------------------------|----|
| 2449X NP | Tablet 80 mg | 100 | 5 | .. | 13.26 | 14.37 | ^a | Chem mart Gliclazide | CH |
| | | | | | | | ^a | GenRx Gliclazide | GX |
| | | | | | | | ^a | Glyade | AF |
| | | | | | | | ^a | Nidem | QA |
| | | | | | | | ^a | Terry White Chemists Gliclazide | 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 |
|---|---|-------------|-------------|-------------------|--|--|------------------------------------|
| 8535F NP | Tablet 30 mg (modified release) | 100 | 5 | .. | 13.45 | 14.56 | ^a APO-Gliclazide MR TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Gliclazide MR |
| | | | | | | | ^a Glyade MR AF |
| | | | | | | | ^a Oziclide MR RA |
| | | | | | | | ^a Terry White TW |
| | | | | | | | Chemists |
| | | | | | | | Gliclazide MR |
| 9302N NP | Tablet 60 mg (modified release) | 60 | 5 | .. | 14.85 | 15.96 | Diamicron 60mg MR SE |
| GLIMEPIRIDE | | | | | | | |
| <u>Caution</u> | | | | | | | |
| Sulfonylureas may cause hypoglycaemia, particularly in the elderly. | | | | | | | |
| 8450R NP | Tablet 1 mg | 30 | 5 | .. | 8.38 | 9.49 | ^a APO-Glimepiride TX |
| | | | | | | | ^a Aylide 1 AF |
| | | | | | | | ^a Diapride 1 QA |
| | | | | | | | ^a Dimirel AV |
| | | | | | | | ^a Glimepiride GA 1 GM |
| | | | | | | | ^a Glimepiride Sandoz SZ |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | Glimepiride 1 |
| | | | | ^B 2.81 | 11.19 | 9.49 | ^a Amaryl SW |
| 8451T NP | Tablet 2 mg | 30 | 5 | .. | 10.10 | 11.21 | ^a APO-Glimepiride TX |
| | | | | | | | ^a Aylide 2 AF |
| | | | | | | | ^a Diapride 2 QA |
| | | | | | | | ^a Dimirel AV |
| | | | | | | | ^a Glimepiride GA 2 GM |
| | | | | | | | ^a Glimepiride Sandoz SZ |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | Glimepiride 2 |
| | | | | ^B 2.81 | 12.91 | 11.21 | ^a Amaryl SW |
| 8452W NP | Tablet 4 mg | 30 | 5 | .. | 12.12 | 13.23 | ^a APO-Glimepiride TX |
| | | | | | | | ^a Aylide 4 AF |
| | | | | | | | ^a Diapride 4 QA |
| | | | | | | | ^a Dimirel AV |
| | | | | | | | ^a Glimepiride GA 4 GM |
| | | | | | | | ^a Glimepiride Sandoz SZ |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | Glimepiride 4 |
| | | | | ^B 2.80 | 14.92 | 13.23 | ^a Amaryl SW |
| 8533D NP | Tablet 3 mg | 30 | 5 | .. | 11.10 | 12.21 | ^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 |
| | | | | | | | Glimepiride 3 |
| | | | | ^B 2.80 | 13.90 | 12.21 | ^a Amaryl SW |

Alimentary tract and metabolism

| | | | | | 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 | |
| GLIPIZIDE | | | | | | | | |
| <u>Caution</u> | | | | | | | | |
| Sulfonylureas may cause hypoglycaemia, particularly in the elderly. | | | | | | | | |
| 2440K | Tablet 5 mg | 100 | 5 | .. | 12.37 | 13.48 | ^a | Melizide |
| NP | | | | ^B 3.83 | 16.20 | 13.48 | ^a | Minidiab |
| | | | | | | | | AF |
| | | | | | | | | 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 | .. | 15.58 | 16.69 | Glucovance 500mg/2.5mg | AL |
| 8811R NP | Tablet 500 mg-5 mg | 90 | 5 | .. | 16.70 | 17.81 | Glucovance 500mg/5mg | AL |
| 8838E NP | Tablet 250 mg-1.25 mg | 90 | 5 | .. | 14.57 | 15.68 | 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
- (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 | .. | 64.05 | 35.40 | Avandamet | GK |
| 9060W NP | Tablet containing 2 mg rosiglitazone (as maleate) with 1 g metformin hydrochloride | 56 | 5 | .. | 66.69 | 35.40 | Avandamet | GK |
| 9061X NP | Tablet containing 4 mg rosiglitazone (as maleate) with 500 mg metformin hydrochloride | 56 | 5 | .. | 93.51 | 35.40 | Avandamet | GK |
| 9062Y NP | Tablet containing 4 mg rosiglitazone (as maleate) with 1 g metformin hydrochloride | 56 | 5 | .. | 96.15 | 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

Alimentary tract and metabolism

| 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 \$ | |
| (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. | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 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 | .. | 93.51 | 35.40 | Janumet MK |
| 9450J NP | Tablet containing 50 mg sitagliptin (as phosphate monohydrate) with 850 mg metformin hydrochloride | 56 | 5 | .. | 95.39 | 35.40 | Janumet MK |
| 9451K NP | Tablet containing 50 mg sitagliptin (as phosphate monohydrate) with 1000 mg metformin hydrochloride | 56 | 5 | .. | 96.15 | 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

(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 | .. | 96.65 | 35.40 | Galvumet 50/500 NV |
| 5475E NP | Tablet containing 50 mg vildagliptin with 850 mg metformin hydrochloride | 60 | 5 | .. | 98.66 | 35.40 | Galvumet 50/850 NV |
| 5476F NP | Tablet containing 50 mg vildagliptin with 1000 mg metformin hydrochloride | 60 | 5 | .. | 99.48 | 35.40 | Galvumet 50/1000 NV |

Alpha glucosidase inhibitors

ACARBOSE

| | | | | | | | |
|-------------|---------------|----|---|----|-------|-------|-----------------|
| 8188Y NP | Tablet 50 mg | 90 | 5 | .. | 34.63 | 35.40 | Glucobay 50 BN |
| 8189B NP | Tablet 100 mg | 90 | 5 | .. | 45.63 | 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.

Alimentary tract and metabolism

| 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 (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. | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 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. | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 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. | | | | | | | | |
| 8694N NP | Tablet 15 mg (as hydrochloride) | 28 | 5 | .. | 53.10 | 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 |

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 |
|-------------|---|-------------|-------------|---------|--|--|---|
| 8695P NP | Tablet 30 mg (as hydrochloride) | 28 | 5 | .. | 77.72 | 35.40 | ^a Prioten 15 DO |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Pioglitazone Vexazone AF |
| | | | | | | | ^a Acpio 30 QA |
| | | | | | | | ^a Actos LY |
| | | | | | | | ^a APOTEX- Pioglitazone TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Pioglitazone Pharmacor CR |
| | | | | | | | ^a Pioglitazone 30 GM |
| | | | | | | | ^a Pioglitazone-GA GQ |
| | | | | | | | ^a Pioglitazone generichealth 30 SZ |
| | | | | | | | ^a Sandoz Pizaccord RA |
| | | | | | | | ^a Prioten 30 DO |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Pioglitazone Vexazone AF |
| 8696Q NP | Tablet 45 mg (as hydrochloride) | 28 | 5 | .. | 99.11 | 35.40 | ^a Acpio 45 QA |
| | | | | | | | ^a Actos LY |
| | | | | | | | ^a APOTEX- Pioglitazone TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Pioglitazone Pharmacor CR |
| | | | | | | | ^a Pioglitazone 45 GM |
| | | | | | | | ^a Pioglitazone-GA GQ |
| | | | | | | | ^a Pioglitazone generichealth 45 SZ |
| | | | | | | | ^a Sandoz Pizaccord RA |
| | | | | | | | ^a Prioten 45 DO |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Pioglitazone 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.

Alimentary tract and metabolism

| 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 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 | .. | 61.25 | 35.40 | Avandia GK |
| 8690J NP | Tablet 8 mg (as maleate) | 28 | 5 | .. | 90.70 | 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 | .. | 96.72 | 35.40 | Trajenta BY |
|-------------|-------------|----|---|----|-------|-------|-------------|

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.

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.

| | | | | | | | |
|-------------|--------------------------------|----|---|----|-------|-------|------------|
| 8983T NP | Tablet 5 mg (as hydrochloride) | 28 | 5 | .. | 90.70 | 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.

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. | | | | | | | |
| 9180E NP | Tablet 25 mg (as phosphate monohydrate) | 28 | 5 | .. | 90.70 | 35.40 | Januvia MK |
| 9181F NP | Tablet 50 mg (as phosphate monohydrate) | 28 | 5 | .. | 90.70 | 35.40 | Januvia MK |
| 9182G NP | Tablet 100 mg (as phosphate monohydrate) | 28 | 5 | .. | 90.70 | 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

(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 | .. | 96.71 | 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:

Alimentary tract and metabolism

| 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 \$ | | |
| <p>(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or</p> <p>(b) red cell transfusion within the previous 3 months.</p> <p>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.</p> <p><u>Authority required (STREAMLINED)</u></p> <p>3542</p> <p>Triple oral combination therapy with metformin and a sulfonylurea</p> <p>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.</p> <p>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.</p> <p>Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:</p> <p>(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or</p> <p>(b) red cell transfusion within the previous 3 months.</p> <p>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.</p> <p><u>Note</u></p> <p>Special Pricing Arrangements apply.</p> | | | | | | | | |
| 3423E NP | Injection solution 5 micrograms per dose in pre-filled pen, 60 doses | 1 | 5 | .. | 176.49 | 35.40 | Byetta 5 microgram | LY |
| 3424F NP | Injection solution 10 micrograms per dose in pre-filled pen, 60 doses | 1 | 5 | .. | 176.49 | 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;

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 | .. | 37.41 | 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 |

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 |
|---|---|-------------|-------------|---------|--|--|-----------------------------|
| Vitamin B ₁ , plain and in combination with vitamin B ₆ and vitamin B ₁₂ | | | | | | | |
| Vitamin B ₁ , 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 | .. | 11.60 | 12.71 | Betamin SW |

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 | .. | *30.56 | 31.67 | Cal-Sup | IA |
| 3117C NP | Tablet 600 mg (as carbonate) | 240 | 1 | .. | 22.30 | 23.41 | Calci-Tab 600 | AE |

Potassium

Potassium

POTASSIUM CHLORIDE

Note

For item codes 2642C and 1841X, pharmaceutical benefits that have the form tablet 600 mg (sustained release) are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------------|-----------------------------------|-----|---|-------------------|--------|--------------------|--------|----|
| 1841X NP | Tablet 600 mg (sustained release) | 200 | 1 | .. | 12.99 | 14.10 ^a | Span-K | AS |
| 2642C NP | Tablet 600 mg (sustained release) | 200 | 1 | .. | *12.98 | 14.09 ^a | Duro-K | NM |
| | | | | ^B 2.94 | *15.92 | 14.09 ^a | Slow-K | NV |

POTASSIUM CHLORIDE with POTASSIUM BICARBONATE

| | | | | | | | | |
|-------------|---|----|---|----|-------|-------|--------------|----|
| 3012M NP | Effervescent tablet 14 mmol potassium and 8 mmol chloride | 60 | 1 | .. | 15.24 | 16.35 | Chlorvescent | AS |
|-------------|---|----|---|----|-------|-------|--------------|----|

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 | .. | 13.80 | 14.91 | 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;

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 |
|-------|--|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| | 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. | | | | | | |
| | <u>Note</u> | | | | | | |
| | Monotherapy for the treatment of osteoporosis does not exclude calcium supplementation. | | | | | | |
| 1671Y | Injection 50 mg in 1 mL, disposable syringe | 1 | 7 | .. | 21.30 | 22.41 | Deca-Durabolin MK |

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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

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 | .. | 12.87 | 13.98 | Coumadin | QA |
| 2211J NP | Tablet 5 mg | 50 | 2 | .. | 14.13 | 15.24 | Coumadin | QA |
| | | | | | | | Marevan | FM |
| 2843P NP | Tablet 1 mg | 50 | 2 | .. | 12.52 | 13.63 | Coumadin | QA |
| | | | | | | | Marevan | FM |
| 2844Q NP | Tablet 3 mg | 50 | 2 | .. | 12.79 | 13.90 | Marevan | 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 | .. | .. | *108.98 | 35.40 | Fragmin | PF |
| 5445N NP | Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe | 10 | 1 | .. | 125.79 | 35.40 | Fragmin | PF |
| 8269F NP | Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe | 10 | 1 | .. | 91.09 | 35.40 | Fragmin | PF |
| 8271H NP | Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe | 10 | 1 | .. | 68.48 | 35.40 | Fragmin | PF |
| 8603T NP | Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe | 20 | .. | .. | *104.84 | 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 | .. | *175.66 | 35.40 | Fragmin | PF |
| 1296F NP | Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe | 20 | 3 | .. | *241.38 | 35.40 | Fragmin | PF |
| 8641T NP | Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe | 20 | 3 | .. | *104.84 | 35.40 | Fragmin | PF |
| 8642W NP | Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe | 20 | 3 | .. | *108.98 | 35.40 | Fragmin | PF |
| 8643X NP | Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe | 20 | 3 | .. | *130.44 | 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 | .. | *192.40 | 35.40 | Fragmin | PF |
| 8957K NP | Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe | 30 | 5 | .. | *255.16 | 35.40 | Fragmin | PF |
| 8958L | Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe | 30 | 5 | .. | *349.81 | 35.40 | Fragmin | PF |

Platelet aggregation inhibitors excl. heparin

| | | | | | | | | | | |
|----|-------|---------------|-----|---|----|------|------|--------------|-------------------------|----|
| NP | 8202Q | Tablet 100 mg | 112 | 1 | .. | 7.88 | 8.99 | ^a | Mayne Pharma Aspirin | YT |
|----|-------|---------------|-----|---|----|------|------|--------------|-------------------------|----|

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 |
|------|---|-------------|-------------|-------------------|--|--|-----------------------------|
| | | | | ^B 1.08 | 8.96 | 8.99 | ^a Spren 100 QA |
| | | | | | | | ^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 | .. | 50.15 | 35.40 | ^a Clopidogrel-DRLA | RZ |
| 8358X NP | Tablet 75 mg (as hydrogen sulfate) | 28 | 5 | .. | 50.15 | 35.40 | ^a APO-Clopidogrel | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Clopidogrel | |
| | | | | | | | ^a Clopidogrel RBX | RA |
| | | | | | | | ^a Clopidogrel Sandoz | SZ |
| | | | | | | | ^a Clopidogrel | |
| | | | | | | | ^a Winthrop | WA |
| | | | | | | | ^a Iscover | BQ |
| | | | | | | | ^a Piax | AF |
| | | | | | | | ^a Plavacor 75 | MI |
| | | | | | | | ^a Plavix | SW |
| | | | | | | | ^a Terry White | |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Clopidogrel | |
| 9354H NP | Tablet 75 mg (as besilate) | 28 | 5 | .. | 50.15 | 35.40 | ^a Clopidogrel Actavis | TA |
| | | | | | | | ^a Clopidogrel-GA | GM |
| | | | | | | | ^a Clopidogrel GH | GQ |
| | | | | | | | ^a Clopidogrel-PS | FZ |
| | | | | | | | ^a Clovix 75 | QA |
| | | | | | | | ^a STADA Clopidogrel | TD |

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 8382E NP | Capsule 200 mg (sustained release)-25 mg | 60 | 5 | .. | 37.29 | 35.40 | Asasantin SR | BY |

EPTIFIBATIDE ACETATE

Authority required (STREAMLINED)

1884

Patients undergoing non-urgent percutaneous intervention with intracoronary stenting.

| | | | | | | | | |
|-------|---|---|----|----|----------|-------|------------|----|
| 8683B | Solution for I.V. injection 20 mg (base) in 10 mL | 2 | .. | .. | *262.64 | 35.40 | Integrilin | MK |
| 8684C | Solution for I.V. infusion 75 mg (base) in 100 mL | 3 | .. | .. | *1020.46 | 35.40 | Integrilin | MK |

PRASUGREL

Authority required (STREAMLINED)

3208

Treatment of acute coronary syndrome (myocardial infarction or unstable angina) managed by percutaneous coronary intervention in combination with aspirin.

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.

| | | | | | | | | |
|-------------|---------------------------------|----|---|----|--------|-------|---------|----|
| 9495R NP | Tablet 5 mg (as hydrochloride) | 28 | 5 | .. | 96.53 | 35.40 | Effient | LY |
| 9496T NP | Tablet 10 mg (as hydrochloride) | 28 | 5 | .. | 106.53 | 35.40 | Effient | LY |

TICAGRELOR

Authority required (STREAMLINED)

3879

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

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.

| | | | | | | | | |
|-------------|--------------|----|---|----|--------|-------|----------|----|
| 1418P NP | Tablet 90 mg | 56 | 5 | .. | 149.10 | 35.40 | Brilinta | AP |
|-------------|--------------|----|---|----|--------|-------|----------|----|

TICLOPIDINE HYDROCHLORIDE

Caution

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.

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;

1260

Patients established on this drug as a pharmaceutical benefit prior to 1 November 1999.

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.

| | | | | | | | | |
|-------------|---------------|----|---|----|--------|-------|----------|----|
| 2095G NP | Tablet 250 mg | 60 | 5 | .. | 122.03 | 35.40 | Tilodene | AF |
|-------------|---------------|----|---|----|--------|-------|----------|----|

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 |
|---|---|-------------|-------------|---------|--|--|-----------------------------|
| 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 | .. | 363.21 | 35.40 | Aggrastat AS |

Enzymes

RETEPLASE (Recombinant plasminogen activator)

Restricted benefit

Treatment of acute myocardial infarction within 6 hours of onset of attack.

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.

| | | | | | | | |
|-------------|---|---|----|----|---------|-------|-------------------|
| 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 | .. | .. | 2067.06 | 35.40 | Rapilysin 10 U TA |
|-------------|---|---|----|----|---------|-------|-------------------|

TENECTEPLASE

Restricted benefit

Treatment of acute myocardial infarction within 12 hours of onset of attack.

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.

| | | | | | | | |
|-------------|---|---|----|----|---------|-------|-------------|
| 8526R NP | Powder for injection 40 mg with solvent | 1 | .. | .. | 1960.86 | 35.40 | Metalyse BY |
| 8527T NP | Powder for injection 50 mg with solvent | 1 | .. | .. | 2057.16 | 35.40 | Metalyse BY |

Direct thrombin inhibitors

BIVALIRUDIN TRIFLUOROACETATE

Authority required (STREAMLINED)

3075

A patient undergoing percutaneous coronary intervention.

| | | | | | | | |
|-------|---|---|----|----|--------|-------|-------------|
| 8844L | Powder for I.V. injection 250 mg (base) | 1 | .. | .. | 671.85 | 35.40 | Angiomax XM |
|-------|---|---|----|----|--------|-------|-------------|

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 | Capsule 75 mg (as mesilate) | 20 | 1 | .. | *45.64 | 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 |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|
| 9319L NP | Capsule 110 mg (as mesilate) | 20 | 1 | .. | *45.64 | 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 | .. | .. | 120.77 | 35.40 | Pradaxa BY |
| 9321N NP | Capsule 110 mg (as mesilate) | 60 | .. | .. | 120.77 | 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.

Note

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

| | | | | | | | |
|-------------|------------------------------|----|----|----|--------|-------|------------|
| 9322P NP | Capsule 75 mg (as mesilate) | 20 | .. | .. | *45.64 | 35.40 | Pradaxa BY |
| 9323Q NP | Capsule 110 mg (as mesilate) | 20 | .. | .. | *45.64 | 35.40 | Pradaxa BY |

Other antithrombotic agents

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 |
|-------------|---------------|----|----|----|--------|-------|------------|

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.

RIVAROXABAN
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.

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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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.

| | | | | | | | | |
|-------------|--------------|----|---|----|--------|-------|---------|----|
| 9466F NP | Tablet 10 mg | 15 | 1 | .. | 148.76 | 35.40 | Xarelto | BN |
|-------------|--------------|----|---|----|--------|-------|---------|----|

RIVAROXABAN

Authority required

Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 30 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.

Note

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

| | | | | | | | | |
|-------------|--------------|----|----|----|--------|-------|---------|----|
| 9467G NP | Tablet 10 mg | 30 | .. | .. | 279.99 | 35.40 | Xarelto | BN |
|-------------|--------------|----|----|----|--------|-------|---------|----|

RIVAROXABAN

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.

Note

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

| | | | | | | | | |
|-------------|--------------|----|----|----|--------|-------|---------|----|
| 9468H NP | Tablet 10 mg | 10 | .. | .. | 101.24 | 35.40 | Xarelto | BN |
|-------------|--------------|----|----|----|--------|-------|---------|----|

RIVAROXABAN

Authority required

Prevention of venous thromboembolism in a patient undergoing total knee replacement who requires up to 15 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.

Note

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

| | | | | | | | | |
|-------------|--------------|----|----|----|--------|-------|---------|----|
| 9469J NP | Tablet 10 mg | 15 | .. | .. | 148.76 | 35.40 | Xarelto | BN |
|-------------|--------------|----|----|----|--------|-------|---------|----|

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.

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 2180R NP | Tablet 500 mg | 100 | 2 | .. | 51.78 | 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 | .. | 11.72 | 12.83 | Ferro-tab | AE |
|-------------|--|----|---|----|-------|-------|-----------|----|

FERROUS SULFATE

| | | | | | | | | |
|-------------|----------------------------------|----|---|----|-------|-------|--------------|----|
| 8815Y NP | Oral liquid 30 mg per mL, 250 mL | ±1 | 2 | .. | 19.45 | 20.56 | Ferro-Liquid | AE |
|-------------|----------------------------------|----|---|----|-------|-------|--------------|----|

Iron trivalent, parenteral preparations

IRON POLYMALTOSE COMPLEX

| | | | | | | | | |
|-------------|---------------------------------|---|----|----|-------|-------|-----------------------|----|
| 2593L NP | Injection 100 mg (iron) in 2 mL | 5 | .. | .. | 49.67 | 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 | .. | .. | 139.58 | 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 | .. | 12.89 | 14.00 | Ferro-f-tab | AE |
|-------------|--|----|---|----|-------|-------|-------------|----|

Vitamin B₁₂ and folic acid

Vitamin B₁₂ (cyanocobalamin and derivatives)

HYDROXOCOBALAMIN

Restricted benefit

Pernicious anaemia;

Other proven vitamin B₁₂ deficiencies;

Prophylaxis after gastrectomy.

Note

One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B₁₂ deficiencies.

| | | | | | | | | |
|-------------|--------------------------------------|---|----|----|-------|-------|--------------------------|----|
| 9048F NP | Injection 1 mg (as chloride) in 1 mL | 3 | .. | .. | 14.94 | 16.05 | ^a Hydroxo-B12 | AS |
| | | | | | | | ^a Neo-B12 | HH |

Folic acid and derivatives

FOLIC ACID

| | | | | | | | | |
|-------------|-----------------------|-----|----|----|--------|-------|-------------|----|
| 2958Q NP | Tablet 500 micrograms | 200 | .. | .. | *13.88 | 14.99 | Megafof 0.5 | AF |
|-------------|-----------------------|-----|----|----|--------|-------|-------------|----|

Blood and blood forming 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 | |
| FOLIC ACID | | | | | | | | |
| Note | | | | | | | | |
| The 5 mg strength tablet should be used in malabsorption states only. | | | | | | | | |
| 1437P NP | Tablet 5 mg | 200 | 1 | .. | *14.12 | 15.23 | Megafol 5 | AF |

Blood substitutes and perfusion solutions

Blood and related products

Blood substitutes and plasma protein fractions

| | | | | | | | | |
|------------------------------------|---------------------------------------|---|----|----|--------|-------|------------|----|
| GELATIN - SUCCINYLATED | | | | | | | | |
| 8444K NP | I.V. infusion 20 g per 500 mL, 500 mL | 3 | .. | .. | *45.85 | 35.40 | Gelofusine | BR |
| HYDROXYETHYL STARCH 130/0.4 | | | | | | | | |
| 9487H NP | I.V. infusion 30 g per 500 mL, 500 mL | 3 | .. | .. | *45.85 | 35.40 | Voluven 6% | PK |

I.V. solutions

Solutions for parenteral nutrition

| | | | | | | | | |
|----------------|---|---|---|----|--------|-------|---|----|
| GLUCOSE | | | | | | | | |
| 2245E NP | I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L | 5 | 1 | .. | *22.92 | 24.03 | ^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 | .. | *17.97 | 19.08 | ^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 | .. | *17.97 | 19.08 | Fresenius Kabi Australia Pty Limited | PK |
| 9474P NP | I.V. infusion 69.5 mmol (anhydrous) per 250 mL (5%), 250 mL | 5 | 1 | .. | *23.77 | 24.88 | ^a B. Braun Australia Pty Ltd | BR |
| | | | | | | | ^a Glucose 5% Freeflex | PK |

Solutions affecting the electrolyte balance

| | | | | | | | | |
|---|---|---|---|----|--------|-------|---|----|
| ELECTROLYTE REPLACEMENT SOLUTION | | | | | | | | |
| 3199J NP | I.V. infusion 1 L | 2 | 1 | .. | *22.06 | 23.17 | Plasma-Lyte 148 | BX |
| SODIUM CHLORIDE | | | | | | | | |
| 2260Y NP | I.V. infusion 513 mmol per L (3%), 1 L | 2 | 1 | .. | *12.22 | 13.33 | Baxter Healthcare Pty Ltd | BX |
| 2264E NP | I.V. infusion 154 mmol per L (0.9%), 1 L | 5 | 1 | .. | *16.02 | 17.13 | ^a B. Braun Australia Pty Ltd | BR |
| | | | | | | | ^a Baxter Healthcare Pty Ltd | BX |
| | | | | | | | ^a Fresenius Kabi Australia Pty Limited | PK |
| 9392H NP | I.V. infusion 77 mmol per 500 mL (0.9%), 500 mL | 5 | 1 | .. | *13.12 | 14.23 | ^a B. Braun Australia Pty Ltd | BR |
| | | | | | | | ^a Fresenius Kabi Australia Pty Limited | PK |

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 | |
|-------------------------------------|---|-------------|-------------|---------|--|--|--|----|
| 9473N NP | I.V. infusion 38.5 mmol per 250 mL (0.9%), 250 mL | 5 | 1 | .. | *16.47 | 17.58 ^a | B. Braun Australia Pty Ltd | BR |
| | | | | | | ^a | Sodium Chloride 0.9% Freeflex | PK |
| SODIUM CHLORIDE COMPOUND | | | | | | | | |
| 2266G NP | I.V. infusion 1 L | 4 | 1 | .. | *30.12 | 31.23 | Baxter Healthcare Pty Ltd | BX |
| SODIUM CHLORIDE with GLUCOSE | | | | | | | | |
| 2278X NP | I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL | 5 | 1 | .. | *28.87 | 29.98 | Baxter Healthcare Pty Ltd | BX |
| 2279Y NP | I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL | 5 | 1 | .. | *28.87 | 29.98 | Baxter Healthcare Pty Ltd | BX |
| 2281C NP | I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L | 5 | 1 | .. | *23.62 | 24.73 | Baxter Healthcare Pty Ltd | BX |
| SODIUM LACTATE COMPOUND | | | | | | | | |
| 2286H NP | I.V. infusion 1 L | 5 | 1 | .. | *15.62 | 16.73 ^a | B. Braun Australia Pty Ltd | BR |
| | | | | | | ^a | Baxter Healthcare Pty Ltd | BX |
| | | | | | | ^a | Fresenius Kabi Australia Pty Limited | PK |
| 9416N NP | I.V. infusion 500 mL | 5 | 1 | .. | *12.92 | 14.03 ^a | B. Braun Australia Pty Ltd | BR |
| | | | | | | ^a | Fresenius Kabi Australia Pty Limited | PK |

Other hematological agents

Other hematological agents

Drugs used in hereditary angioedema

ICATIBANT

Authority required

Initial supply for anticipated emergency treatment of an acute attack of hereditary angioedema in a patient with confirmed diagnosis of C1-esterase inhibitor deficiency who has been assessed to be at significant risk of an acute attack of hereditary angioedema by or in consultation with a clinical immunologist, respiratory physician, specialist allergist or general physician experienced in the management of patients with hereditary angioedema.

The name of the specialist consulted must be provided at the time of application for initial supply.

The name of the Approved Pathology Authority and date of the diagnosing pathology test must be included in the authority application;

Continuing supply for anticipated emergency treatment of an acute attack of hereditary angioedema, where the patient has previously been issued with an authority prescription for this drug.

Note

Icatibant should be provided in the framework of a comprehensive hereditary angioedema prophylaxis program and an emergency Action Plan including training in recognition of the symptoms of hereditary angioedema and the self-administration of icatibant. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au)

| | | | | | | | | |
|-------|---|---|---|----|---------|-------|---------|----|
| 1976B | Injection 30 mg (as acetate) in 3 mL single use pre-filled syringe | 1 | 1 | .. | 2571.46 | 35.40 | Firazyr | ZI |
|-------|---|---|---|----|---------|-------|---------|----|

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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 | .. | 10.81 | 11.92 ^a | Sigmaxin | FM |
| | | | | ^B 2.94 | 13.75 | 11.92 ^a | Lanoxin | QA |
| 2605D NP | Tablet 62.5 micrograms | 200 | 1 | .. | 10.52 | 11.63 ^a | Sigmaxin-PG | FM |
| | | | | ^B 2.95 | 13.47 | 11.63 ^a | Lanoxin-PG | QA |
| 3164M NP | Oral solution for children 50 micrograms per mL, 60 mL | 2 | 3 | .. | *41.22 | 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 | .. | 29.23 | 30.34 | Rythmodan | SW |
| 2924X NP | Capsule 150 mg | 100 | 5 | .. | 46.61 | 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 | .. | .. | 37.43 | 35.40 | Pfizer Australia Pty Ltd | PF |
| 2876J NP | Infusion 500 mg in 5 mL | 10 | .. | .. | 29.69 | 30.80 | 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 | .. | 37.85 | 35.40 | Tambacor | IA |
| 1090J NP | Tablet 100 mg | 60 | 5 | .. | 44.79 | 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 | .. | 18.32 | 19.43 | ^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 | .. | 13.14 | 14.25 | ^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 | .. | 20.12 | 21.23 | ^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 5.00 | 25.12 | 21.23 | ^a | Sotacor | FM |
| | | | | | | | ^a | GenRx Sotalol | GX |
| | | | | | | | ^a | Solavert | QA |
| | | | | | | | ^a | Sotalol Sandoz | SZ |
| | | | | | | | ^B 4.99 | 17.86 | 13.98 |

Cardiac stimulants excl. cardiac glycosides Adrenergic and dopaminergic agents

ADRENALINE

| | | | | | | | | |
|-------------|-------------------------------------|---|---|----|-------|-------|----------------------------------|----|
| 1016L NP | Injection 1 mg in 1 mL (1 in 1,000) | 5 | 1 | .. | 20.44 | 21.55 | Link Medical Products Pty Ltd | LM |
|-------------|-------------------------------------|---|---|----|-------|-------|----------------------------------|----|

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 | | | | | | | |
| 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; | | | | | | | |
| 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. | | | | | | | |
| Note | | | | | | | |
| 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 .) | | | | | | | |
| Note | | | | | | | |
| 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. | | | | | | | |
| Caution | | | | | | | |
| 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 | .. | .. | 106.10 | 35.40 | Anapen Junior LM |
| 3409K NP | I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector | 1 | .. | .. | 106.10 | 35.40 | Anapen LM |
| 8697R NP | I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector | 1 | .. | .. | 106.10 | 35.40 | EpiPen Jr. AL |
| 8698T NP | I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector | 1 | .. | .. | 106.10 | 35.40 | EpiPen AL |

Vasodilators used in cardiac diseases

Organic nitrates

| | | | | | | | |
|----------------------------|--|----|---|-------------------|-------|--------------------|------------------------|
| GLYCERYL TRINITRATE | | | | | | | |
| 1459T NP | Tablets 600 micrograms, 100 | 1 | 5 | .. | 14.93 | 16.04 ^a | Lycinate FM |
| | | | | ^B 2.94 | 17.87 | 16.04 ^a | Anginine Stabilised QA |
| 1515R NP | Transdermal patch releasing approximately 5 mg per 24 hours | 30 | 5 | .. | 27.42 | 28.53 | Transiderm-Nitro 25 NV |
| 1516T NP | Transdermal patch releasing approximately 10 mg per 24 hours | 30 | 5 | .. | 33.91 | 35.02 | Transiderm-Nitro 50 NV |
| 8010N NP | Transdermal patch releasing approximately 5 mg per 24 hours | 30 | 5 | .. | 27.42 | 28.53 | Nitro-Dur 5 MK |
| 8011P NP | Transdermal patch releasing approximately 10 mg per 24 hours | 30 | 5 | .. | 33.91 | 35.02 | Nitro-Dur 10 MK |
| 8026K NP | Transdermal patch releasing approximately 15 mg per 24 hours | 30 | 5 | .. | 33.91 | 35.02 | Nitro-Dur 15 MK |
| 8027L NP | Transdermal patch releasing approximately 5 mg per 24 hours | 30 | 5 | .. | 27.42 | 28.53 | Minitran 5 IA |
| 8028M NP | Transdermal patch releasing approximately 10 mg per 24 hours | 30 | 5 | .. | 33.91 | 35.02 | Minitran 10 IA |
| 8119H NP | Transdermal patch releasing approximately 15 mg per 24 hours | 30 | 5 | .. | 33.91 | 35.02 | 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 | .. | 20.23 | 21.34 | Nitrolingual Pumpspray 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 |
|-------------------------------|---|-------------|-------------|-------------------|--|--|-------------------------------------|
| ISOSORBIDE DINITRATE | | | | | | | |
| 2588F NP | Sublingual tablet 5 mg | 200 | 2 | .. | *14.66 | 15.77 | Isordil Sublingual QA |
| ISOSORBIDE MONONITRATE | | | | | | | |
| 1558B NP | Tablet 60 mg (sustained release) | 30 | 5 | .. | 12.02 | 13.13 ^a | Chem mart Isosorbide Mononitrate CH |
| | | | | | | ^a Duride | AF |
| | | | | | | ^a GenRx Isosorbide Mononitrate | GX |
| | | | | | | ^a Imtrate 60 mg | GM |
| | | | | | | ^a Isomonit | SZ |
| | | | | | | ^a Isosorbide-PS | FZ |
| | | | | | | ^a Monodur 60 mg | PM |
| | | | | | | ^a Terry White Chemists Isosorbide Mononitrate | TW |
| | | | | ^B 2.41 | 14.43 | 13.13 ^a | Imdur Durule AP |
| 8273K NP | Tablet 120 mg (sustained release) | 30 | 5 | .. | 19.55 | 20.66 ^a | Monodur 120 mg PM |
| | | | | ^B 2.55 | 22.10 | 20.66 ^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 | .. | 24.24 | 25.35 | Ikorel | SW |
| 8229D NP | Tablets 20 mg, 60 | £1 | 5 | .. | 31.36 | 32.47 | 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 | .. | 62.72 | 35.40 | Pexsig | QA |
|-------------|---------------|-----|---|----|-------|-------|--------|----|

Antihypertensives

Antiadrenergic agents, centrally acting *Methyldopa*

| | | | | | | | | |
|-------------|-----------------------------|-----|---|-------------------|-------|--------------------|---------|----|
| 1629R NP | METHYLDOPA Tablet 250 mg | 100 | 5 | .. | 13.97 | 15.08 ^a | Hydopa | AF |
| | | | | ^B 2.70 | 16.67 | 15.08 ^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 | .. | 37.54 | 35.40 | Catapres | BY |
| 3145M NP | Tablet 100 micrograms | 100 | 5 | .. | 28.98 | 30.09 | Catapres 100 | BY |
| MOXONIDINE | | | | | | | | |
| Restricted benefit | | | | | | | | |
| Hypertension in patients receiving concurrent antihypertensive therapy. | | | | | | | | |
| 9019Q NP | Tablet 200 micrograms | 30 | 5 | .. | 19.63 | 20.74 | Physiotens | AB |
| 9020R NP | Tablet 400 micrograms | 30 | 5 | .. | 28.88 | 29.99 | Physiotens | AB |
| Antiadrenergic agents, peripherally acting | | | | | | | | |
| Alpha-adrenoceptor antagonists | | | | | | | | |
| PRAZOSIN | | | | | | | | |
| 1478T NP | Tablet 5 mg (as hydrochloride) | 100 | 5 | .. | 20.67 | 21.78 | ^a APO-Prazosin | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Prazosin | |
| | | | | | | | ^a Minipress | PF |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Prazosin | |
| 1479W NP | Tablet 1 mg (as hydrochloride) | 100 | 5 | .. | 11.47 | 12.58 | ^a APO-Prazosin | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Prazosin | |
| | | | | | | | ^a Minipress | PF |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Prazosin | |
| 1480X NP | Tablet 2 mg (as hydrochloride) | 100 | 5 | .. | 14.40 | 15.51 | ^a APO-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 | .. | *17.52 | 18.63 | Alphapress 50 | AF |
| 1640H NP | Tablet 25 mg | 200 | 2 | .. | *15.60 | 16.71 | 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 | .. | 52.93 | 35.40 | Loniten | PF |

Diuretics

Low-ceiling diuretics, thiazides

Thiazides, plain

HYDROCHLOROTHIAZIDE

| | | | | | | | | |
|-------------|--------------|-----|---|----|-------|-------|------------|----|
| 1484D NP | Tablet 25 mg | 100 | 1 | .. | 21.34 | 22.45 | Dithiazide | PL |
|-------------|--------------|-----|---|----|-------|-------|------------|----|

Low-ceiling diuretics, excl. thiazides

Sulfonamides, plain

CHLORTHALIDONE

| | | | | | | | | |
|-------------|--------------|-----|---|----|--------|-------|-------------|----|
| 1585K NP | Tablet 25 mg | 100 | 1 | .. | *17.68 | 18.79 | Hygroton 25 | LM |
|-------------|--------------|-----|---|----|--------|-------|-------------|----|

INDAPAMIDE HEMIHYDRATE

| | | | | | | | | |
|-------------|-----------------------------------|----|---|-------------------|-------|-------|-----------------------------------|----|
| 2436F NP | Tablet 2.5 mg | 90 | 1 | .. | 15.35 | 16.46 | ^a Chem mart | CH |
| | | | | | | | ^a Indapamide | |
| | | | | | | | ^a Dapa-Tabs | AF |
| | | | | | | | ^a GenRx Indapamide | GX |
| | | | | | | | ^a Indapamide-GA | GM |
| | | | | | | | ^a Indapamide-PS | FZ |
| | | | | | | | ^a Indapamide Sandoz | SZ |
| | | | | | | | ^a Insig | QA |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | ^B 2.04 | 17.39 | 16.46 | ^a Indapamide | |
| | | | | | | | ^a Natrilix | SE |
| 8532C NP | Tablet 1.5 mg (sustained release) | 90 | 1 | .. | 17.34 | 18.45 | Natrilix SR | SE |

High-ceiling diuretics

Sulfonamides, plain

FRUSEMIDE

Note

For item codes 2414C and 1810G, pharmaceutical benefits that have the form tablet 20 mg are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------------|-----------------------------------|-----|---|-------------------|--------|-------|-----------------------------------|----|
| 1810G NP | Tablet 20 mg | 100 | 1 | .. | *8.60 | 9.71 | ^a Urex-M | FM |
| | | | | ^B 1.92 | *10.52 | 9.71 | ^a Lasix-M | SW |
| 2414C NP | Tablet 20 mg | 100 | 1 | .. | 8.60 | 9.71 | ^a Chem mart | CH |
| | | | | | | | ^a Frusemide | |
| | | | | | | | ^a Frusemide-PS | FZ |
| | | | | | | | ^a Frusid | GM |
| | | | | | | | ^a GenRx Frusemide | GX |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | ^a Frusemide | |
| <hr/> | | | | | | | | |
| 2411X NP | Oral solution 10 mg per mL, 30 mL | ‡1 | 3 | .. | 17.16 | 18.27 | Lasix | SW |
| 2412Y NP | Tablet 40 mg | 100 | 1 | .. | 8.42 | 9.53 | ^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 Frusax | GN |
| | | | | | | | ^a Frusemide-PS | FZ |
| | | | | | | | ^a Frusemide Sandoz | SZ |
| | | | | | | | ^a Frusid | GM |
| | | | | | | | ^a GenRx Frusemide | GX |
| | | | | | | | ^a Terry White Chemists Frusemide | TW |
| | | | | | | | ^a Uremide | AF |
| | | | | | | | Urex | FM |
| | | | | ^B 2.40 | 10.82 | 9.53 | ^a Lasix | SW |
| 2413B NP | Injection 20 mg in 2 mL | 5 | .. | .. | 9.72 | 10.83 | ^a Frusemide-Clarix | AE |
| | | | | | | | ^a Frusemide Sandoz | SZ |
| | | | | | | | ^a Lasix | SW |
| 2415D NP | Tablet 500 mg | 50 | 3 | .. | 16.34 | 17.45 | Urex-Forte | FM |

Aryloxyacetic acid derivatives

ETHACRYNIC ACID

Restricted benefit

Patients hypersensitive to other oral diuretics.

| | | | | | | | | |
|-------------|--------------|-----|---|----|---------|-------|---------|----|
| 8748K NP | Tablet 25 mg | 200 | 1 | .. | *197.40 | 35.40 | Edecrin | FK |
|-------------|--------------|-----|---|----|---------|-------|---------|----|

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 | .. | 112.87 | 35.40 | Inspra | PF |
| 8880J NP | Tablet 50 mg | 30 | 5 | .. | 112.87 | 35.40 | Inspra | 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 | .. | 12.29 | 13.40 | ^a Spiractin 25 | AF |
| | | | | ^B 1.75 | 14.04 | 13.40 | ^a Aldactone | PF |
| 2340E NP | Tablet 100 mg | 100 | 5 | .. | 29.22 | 30.33 | ^a Spiractin 100 | AF |
| | | | | ^B 2.40 | 31.62 | 30.33 | ^a Aldactone | 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 | |
|--|---|-------------|-------------|---------|--|--|-----------------------------|----|
| Diuretics and potassium-sparing agents in combination | | | | | | | | |
| <i>Low-ceiling diuretics and potassium-sparing agents</i> | | | | | | | | |
| HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE | | | | | | | | |
| <u>Caution</u> | | | | | | | | |
| Serum electrolytes should be checked regularly. | | | | | | | | |
| 1486F NP | Tablet 50 mg-5 mg | 100 | 1 | .. | *13.60 | 14.71 | Moduretic | AS |
| HYDROCHLOROTHIAZIDE with TRIAMTERENE | | | | | | | | |
| <u>Caution</u> | | | | | | | | |
| Serum electrolytes should be checked regularly. | | | | | | | | |
| 1280J NP | Tablet 25 mg-50 mg | 100 | 1 | .. | 12.99 | 14.10 | 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 | .. | *205.00 | 35.40 | Dibenzyliline | GH |
| 1862B NP | Capsule 10 mg | 100 | 5 | .. | 67.46 | 35.40 | Dibenzyliline | GH |
| 9286R NP | Capsules 10 mg, 100 | 1 | 5 | .. | 1164.57 | 35.40 | Dibenzyliline | BZ |

Beta blocking agents

Beta blocking agents

Beta blocking agents, non-selective

OXPRENOLOL HYDROCHLORIDE

| | | | | | | | | |
|-------------|--------------|-----|---|----|-------|-------|-------------|----|
| 2942W NP | Tablet 20 mg | 100 | 5 | .. | 27.98 | 29.09 | Corbeton 20 | AF |
| 2961W NP | Tablet 40 mg | 100 | 5 | .. | 48.34 | 35.40 | Corbeton 40 | AF |

PINDOLOL

| | | | | | | | | |
|-------------|--------------|-----|---|-------------------|-------|--------------------|------------|----|
| 3062E NP | Tablet 5 mg | 100 | 5 | .. | 33.46 | 34.57 | Barbloc 5 | AF |
| 3065H NP | Tablet 15 mg | 50 | 5 | .. | 13.44 | 14.55 ^a | Barbloc 15 | AF |
| | | | | ^B 2.57 | 16.01 | 14.55 ^a | Visken 15 | NV |

PROPRANOLOL HYDROCHLORIDE

| | | | | | | | | |
|-------------|--------------|-----|---|-------------------|-------|-------|------------|----|
| 2565B NP | Tablet 10 mg | 100 | 5 | .. | 10.29 | 11.40 | Deralin 10 | AF |
| | | | | ^B 3.14 | 13.43 | 11.40 | Inderal | AP |
| 2566C NP | Tablet 40 mg | 100 | 5 | .. | 10.66 | 11.77 | Deralin 40 | 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 |
|---|---|-------------|-------------|-------------------|--|--|-----------------------------------|
| | | | | ^B 3.14 | 13.80 | 11.77 | Inderal AP |
| 2899N NP | Tablet 160 mg | 50 | 5 | .. | 11.11 | 12.22 | Deralin 160 AF |
| 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 | .. | 20.12 | 21.23 | ^a Cardol AF |
| | | | | | | | ^a Chem mart Sotalol CH |
| | | | | | | | ^a GenRx Sotalol GX |
| | | | | | | | ^a Solavert QA |
| | | | | | | | ^a Sotalol Sandoz SZ |
| | | | | | | | ^a Terry White TW |
| | | | | | | | Chemists Sotalol |
| | | | | ^B 5.00 | 25.12 | 21.23 | ^a Sotacor FM |
| 8398B NP | Tablet 80 mg | 60 | 5 | .. | 12.87 | 13.98 | ^a GenRx Sotalol GX |
| | | | | | | | ^a Solavert QA |
| | | | | | | | ^a Sotalol Sandoz SZ |
| | | | | ^B 4.99 | 17.86 | 13.98 | ^a Sotacor FM |

Beta blocking agents, selective

| | | | | | | | |
|-------------|-----------------|----|---|-------------------|-------|-------|---------------------------------|
| | ATENOLOL | | | | | | |
| 1081X NP | Tablet 50 mg | 30 | 5 | .. | 8.91 | 10.02 | ^a APO-Atenolol TX |
| | | | | | | | ^a Atenolol-GA GN |
| | | | | | | | ^a Atenolol GQ |
| | | | | | | | generichealth |
| | | | | | | | ^a Atenolol-PS FZ |
| | | | | | | | ^a Atenolol Sandoz SZ |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | Atenolol |
| | | | | | | | ^a Noten AF |
| | | | | | | | ^a Tensig QA |
| | | | | | | | ^a Terry White TW |
| | | | | | | | Chemists |
| | | | | | | | Atenolol |
| | | | | ^B 2.21 | 11.12 | 10.02 | ^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 | .. | 41.47 | 35.40 | ^a APO-Bisoprolol TX |
| | | | | | | | ^a Beprol 2.5 DO |
| | | | | | | | ^a Bicard 2.5 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 | |
|-------------|---|-------------|-------------|---------|--|--|--------------------------------|----|
| 8605X NP | Tablet 5 mg | 28 | 5 | .. | 49.07 | 35.40 | ^a Bicolor | AL |
| | | | | | | | ^a Biso 2.5 | WQ |
| | | | | | | | ^a Bisoprolol GH | GQ |
| | | | | | | | ^a Bisoprolol Pfizer | FZ |
| | | | | | | | ^a Bisoprolol Sandoz | SZ |
| | | | | | | | ^a Bispro 2.5 | AF |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Bisoprolol | |
| | | | | | | | ^a APO-Bisoprolol | TX |
| | | | | | | | ^a Beprol 5 | DO |
| | | | | | | | ^a Bicard 5 | QA |
| | | | | | | | ^a Bicolor | AL |
| | | | | | | | ^a Biso 5 | WQ |
| 8606Y NP | Tablet 10 mg | 28 | 5 | .. | 58.85 | 35.40 | ^a Bisoprolol GH | GQ |
| | | | | | | | ^a Bisoprolol Pfizer | FZ |
| | | | | | | | ^a Bisoprolol Sandoz | SZ |
| | | | | | | | ^a Bispro 5 | AF |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Bisoprolol | |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Bisoprolol | |
| | | | | | | | ^a APO-Bisoprolol | TX |
| | | | | | | | ^a Beprol 10 | DO |
| | | | | | | | ^a Bicard 10 | QA |
| | | | | | | | ^a Bicolor | AL |
| | | | | | | | ^a Biso 10 | WQ |
| | | | | | | | ^a Bisoprolol GH | GQ |
| | | | | | | | ^a Bisoprolol Pfizer | FZ |
| | | | | | | | ^a Bisoprolol Sandoz | SZ |
| | | | | | | | ^a Bispro 10 | AF |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Bisoprolol | |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Bisoprolol | |

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 | .. | .. | 21.14 | 22.25 | Toprol-XL 23.75 | AP |
| 8733P NP | Tablet 47.5 mg (controlled release) | 30 | 5 | .. | 72.56 | 35.40 | Toprol-XL 47.5 | AP |
| 8734Q NP | Tablet 95 mg (controlled release) | 30 | 5 | .. | 89.06 | 35.40 | Toprol-XL 95 | AP |
| 8735R NP | Tablet 190 mg (controlled release) | 30 | 5 | .. | 109.70 | 35.40 | Toprol-XL 190 | 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 |
|----------------------------|---|-------------|-------------|-------------------|--|--|--------------|---|
| METOPROLOL TARTRATE | | | | | | | | |
| 1324Q NP | Tablet 50 mg | 100 | 5 | .. | 9.92 | 11.03 | ^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 |
| | | | | ^B 2.51 | 12.43 | 11.03 | ^a | Betaloc AP |
| | | | | ^B 2.52 | 12.44 | 11.03 | | Lopresor 50 NV |
| 1325R NP | Tablet 100 mg | 60 | 5 | .. | 10.86 | 11.97 | ^a | Chem mart Metoprolol CH |
| | | | | | | | ^a | GenRx Metoprolol GX |
| | | | | | | | ^a | Metohexal SZ |
| | | | | | | | ^a | Metrol 100 QA |
| | | | | | | | ^a | Minax 100 AF |
| | | | | | | | ^a | Terry White Chemists Metoprolol TW |
| | | | | ^B 2.50 | 13.36 | 11.97 | ^a | Betaloc AP |
| | | | | | | | | 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 NP | Tablet 1.25 mg (as hydrochloride), 28 | 1 | 5 | .. | 29.35 | 30.46 | | Nebilet CS |
| 9311C NP | Tablet 5 mg (as hydrochloride) | 28 | 5 | .. | 61.04 | 35.40 | | Nebilet CS |
| 9312D NP | Tablet 10 mg (as hydrochloride) | 28 | 5 | .. | 68.12 | 35.40 | | Nebilet CS |
| 9316H NP | Tablet 1.25 mg (as hydrochloride) | 56 | 5 | .. | *50.72 | 35.40 | | Nebilet CS |

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 NP | Tablet 3.125 mg | 30 | .. | .. | 12.91 | 14.02 | ^a | APO-Carvedilol TX |
| | | | | | | | ^a | Chem mart Carvedilol 3.125 mg 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 |
|-------------|---|-------------|-------------|---------|--|--|--|
| 8256M NP | Tablet 6.25 mg | 60 | 5 | .. | 36.75 | 35.40 | ^a Dilatrend 3.125 RO |
| | | | | | | | ^a GenRx Carvedilol GX |
| | | | | | | | ^a GN-Carvedilol GM |
| | | | | | | | ^a Terry White Chemists Carvedilol 3.125 mg TW |
| | | | | | | | ^a Vedilol 3.125 QA |
| | | | | | | | ^a Volirop 3.125 DO |
| | | | | | | | ^a APO-Carvedilol TX |
| | | | | | | | ^a Carvedilol generichealth GQ |
| | | | | | | | ^a Carvedilol Sandoz SZ |
| | | | | | | | ^a Chem mart Carvedilol 6.25 mg CH |
| | | | | | | | ^a Dicarz AF |
| | | | | | | | ^a Dilatrend 6.25 RO |
| | | | | | | | ^a GenRx Carvedilol GX |
| | | | | | | | ^a GN-Carvedilol GM |
| | | | | | | | ^a Terry White Chemists Carvedilol 6.25 mg TW |
| 8257N NP | Tablet 12.5 mg | 60 | 5 | .. | 43.89 | 35.40 | ^a Vedilol 6.25 QA |
| | | | | | | | ^a Volirop 6.25 DO |
| | | | | | | | ^a APO-Carvedilol TX |
| | | | | | | | ^a Carvedilol generichealth GQ |
| | | | | | | | ^a Carvedilol Sandoz SZ |
| | | | | | | | ^a Chem mart Carvedilol 12.5 mg CH |
| | | | | | | | ^a Dicarz AF |
| | | | | | | | ^a Dilatrend 12.5 RO |
| | | | | | | | ^a GenRx Carvedilol GX |
| | | | | | | | ^a GN-Carvedilol GM |
| | | | | | | | ^a Terry White Chemists Carvedilol 12.5 mg TW |
| | | | | | | | ^a Vedilol 12.5 QA |
| | | | | | | | ^a Volirop 12.5 DO |
| | | | | | | | ^a APO-Carvedilol TX |
| | | | | | | | ^a Carvedilol generichealth GQ |
| 8258P NP | Tablet 25 mg | 60 | 5 | .. | 52.10 | 35.40 | ^a Carvedilol Sandoz SZ |
| | | | | | | | ^a Chem mart Carvedilol 25 mg CH |
| | | | | | | | ^a Dicarz AF |
| | | | | | | | ^a Dilatrend 25 RO |
| | | | | | | | ^a GenRx Carvedilol GX |
| | | | | | | | ^a GN-Carvedilol GM |
| | | | | | | | ^a Terry White Chemists Carvedilol 25 mg TW |
| | | | | | | | ^a Vedilol 25 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 | |
|--------------------------------|---|-------------|-------------|-------------------|--|--|--------------|-----------------------------|----|
| | | | | | | | ^a | Volirop 25 | DO |
| LABETALOL HYDROCHLORIDE | | | | | | | | | |
| 1566K NP | Tablet 100 mg | 100 | 5 | .. | 15.38 | 16.49 | ^a | Presolol 100 | AF |
| | | | | ^B 3.13 | 18.51 | 16.49 | ^a | Trandate | QA |
| 1567L NP | Tablet 200 mg | 100 | 5 | .. | 21.10 | 22.21 | ^a | Presolol 200 | AF |
| | | | | ^B 3.14 | 24.24 | 22.21 | ^a | Trandate | QA |

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 | .. | 11.56 | 12.67 | ^a | Amlo 5 | ZP |
| 2751T NP | Tablet 5 mg (as besylate) | 30 | 5 | .. | 11.56 | 12.67 | ^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 3.75 | 15.31 | 12.67 | ^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 | .. | 15.35 | 16.46 | ^a | Amlo 10 | ZP |
| 2752W NP | Tablet 10 mg (as besylate) | 30 | 5 | .. | 15.35 | 16.46 | ^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 |

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 Chem mart CH |
| | | | | | | | ^a Amlodipine AF |
| | | | | | | | ^a Nordip AF |
| | | | | | | | ^a Norvapine GN |
| | | | | | | | ^a Ozlodip RA |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Amlodipine 10 TW |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | ^B 5.50 | 20.85 | 16.46 | ^a Amlodipine PF |
| | | | | | | | ^a Norvasc PF |
| | FELODIPINE | | | | | | |
| 2361G NP | Tablet 2.5 mg (extended release) | 30 | 5 | .. | 11.71 | 12.82 | ^a Felodur ER 2.5 mg AL |
| | | | | ^B 4.06 | 15.77 | 12.82 | ^a Plendil ER AP |
| 2366M NP | Tablet 5 mg (extended release) | 30 | 5 | .. | 13.97 | 15.08 | ^a Felodil XR 5 QA |
| | | | | | | | ^a Felodur ER 5 mg AL |
| | | | | ^B 4.07 | 18.04 | 15.08 | ^a Plendil ER AP |
| 2367N NP | Tablet 10 mg (extended release) | 30 | 5 | .. | 20.01 | 21.12 | ^a Felodil XR 10 QA |
| | | | | | | | ^a Felodur ER 10 mg AL |
| | | | | ^B 4.08 | 24.09 | 21.12 | ^a Plendil ER AP |
| | LERCANIDIPINE HYDROCHLORIDE | | | | | | |
| 8534E NP | Tablet 10 mg | 28 | 5 | .. | 12.76 | 13.87 | ^a APO-Lercanidipine TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Lercanidipine GM |
| | | | | | | | ^a Lercadip GM |
| | | | | | | | ^a Lercan QA |
| | | | | | | | ^a Lercanidipine SZ |
| | | | | | | | ^a Sandoz SZ |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Lercanidipine TW |
| | | | | ^B 2.66 | 15.42 | 13.87 | ^a Zircol AF |
| 8679T NP | Tablet 20 mg | 28 | 5 | .. | 16.94 | 18.05 | ^a Zanidip AB |
| | | | | | | | ^a APO-Lercanidipine TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Lercanidipine GM |
| | | | | | | | ^a Lercadip GM |
| | | | | | | | ^a Lercan QA |
| | | | | | | | ^a Lercanidipine SZ |
| | | | | | | | ^a Sandoz SZ |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Lercanidipine TW |
| | | | | ^B 2.64 | 19.58 | 18.05 | ^a Zircol AF |
| | | | | | | | ^a Zanidip AB |
| | NIFEDIPINE | | | | | | |
| 1694E NP | Tablet 10 mg | 60 | 5 | .. | 13.75 | 14.86 | ^a Adefin 10 AF |
| | | | | ^B 0.95 | 14.70 | 14.86 | ^a Adalat 10 BN |
| 1695F NP | Tablet 20 mg | 60 | 5 | .. | 15.42 | 16.53 | ^a Adefin 20 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 | |
|-------------|---|-------------|-------------|---------|--|--|--------------------------------|----|
| 1906H NP | Tablet 30 mg (controlled release) | 30 | 5 | .. | 16.53 | 17.64 | ^a GenRx Nifedipine | GX |
| | | | | | | | ^a Nifehexal | SZ |
| | | | | | | | ^a Adalat 20 | BN |
| | | | | | | | ^a Addos XR 30 | QA |
| | | | | | | | ^a Adefin XL 30 | AF |
| 1907J NP | Tablet 60 mg (controlled release) | 30 | 5 | .. | 19.08 | 20.19 | ^a APO-Nifedipine XR | TX |
| | | | | | | | ^a Adalat Oros 30 | BN |
| | | | | | | | ^a Addos XR 60 | QA |
| | | | | | | | ^a Adefin XL 60 | AF |
| | | | | | | | ^a APO-Nifedipine XR | TX |
| 8610E NP | Tablet 20 mg (controlled release) | 30 | 5 | .. | 15.78 | 16.89 | ^a Adalat Oros 60 | BN |
| | | | | | | | ^a 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 NP | Injection 5 mg in 2 mL | 5 | .. | .. | 12.48 | 13.59 | Isoptin | AB |
| 1241H NP | Tablet 240 mg (sustained release) | 30 | 5 | .. | 15.77 | 16.88 | ^a Cordilox SR | KN |
| 1248Q NP | Tablet 40 mg | 100 | 5 | .. | 11.36 | 12.47 | ^a Isoptin SR | AB |
| | | | | | | | ^a Anpec 40 | AF |
| 1250T NP | Tablet 80 mg | 100 | 5 | .. | 15.11 | 16.22 | ^a Isoptin | AB |
| | | | | | | | ^a Anpec 80 | AF |
| 1254B NP | Tablet 120 mg | 100 | 5 | .. | 18.96 | 20.07 | ^a Isoptin | AB |
| | | | | | | | ^a Isoptin | AB |
| 2206D NP | Capsule 160 mg (sustained release) | 30 | 5 | .. | 12.25 | 13.36 | Veracaps SR | QA |
| 2207E NP | Capsule 240 mg (sustained release) | 30 | 5 | .. | 15.85 | 16.96 | Veracaps SR | QA |
| 2208F NP | Tablet 180 mg (sustained release) | 30 | 5 | .. | 13.45 | 14.56 | ^a Cordilox 180 SR | KN |
| | | | | ^B 3.50 | 16.95 | 14.56 | ^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 NP | Capsule 180 mg (controlled delivery) | 30 | 5 | .. | 15.17 | 16.28 | ^a Cardizem CD | SW |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | Diltiazem CD | |
| | | | | | | | ^a Diltiazem Sandoz | SZ |
| | | | | | | | CD | |
| | | | | | | | ^a GenRx Diltiazem | GX |
| | | | | | | | CD | |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | Chemists | |
| | | | | | | | Diltiazem CD | |
| | | | | | | | ^a Vasocardol CD | AV |
| 1313D NP | Capsule 240 mg (controlled delivery) | 30 | 5 | .. | 18.20 | 19.31 | ^a Cardizem CD | 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 |
|-------------|---|-------------|-------------|---------|--|--|---|
| 1335G NP | Tablet 60 mg | 90 | 5 | .. | 14.32 | 15.43 | ^a Chem mart CH |
| | | | | | | | ^a Diltiazem CD HX |
| | | | | | | | ^a Diltahexal CD HX |
| | | | | | | | ^a Diltiazem Sandoz CD SZ |
| | | | | | | | ^a GenRx Diltiazem CD GX |
| | | | | | | | ^a Terry White Chemists Diltiazem CD TW |
| | | | | | | | ^a Vasocardol CD AV |
| | | | | | | | ^a Cardizem SW |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Diltiazem Coras AF |
| | | | | | | | ^a Diltiazem Sandoz SZ |
| | | | | | | | ^a Dilzem 60 mg GM |
| | | | | | | | ^a GenRx Diltiazem GX |
| | | | | | | | ^a Terry White Chemists Diltiazem TW |
| 8480H NP | Capsule 360 mg (controlled delivery) | 30 | 5 | .. | 21.84 | 22.95 | ^a Vasocardol AV |
| | | | | | | | ^a Cardizem CD SW |
| | | | | | | | ^a Diltahexal CD HX |
| | | | | | | | ^a Diltiazem Sandoz 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 NP | Tablet 12.5 mg | 90 | 5 | .. | 14.77 | 15.88 | ^a Captopril Sandoz SZ |
| | | | | | | | ^a GenRx Captopril GX |
| | | | | | | | ^a Zedace AF |
| 1148K NP | Tablet 25 mg | 90 | 5 | .. | 18.46 | 19.57 | ^a Captopril Sandoz SZ |
| | | | | | | | ^a GenRx Captopril GX |
| | | | | | | | ^a Zedace AF |
| 1149L NP | Tablet 50 mg | 90 | 5 | ^B 6.92 | 25.38 | 19.57 | ^a Capoten QA |
| | | | | .. | 30.07 | 31.18 | ^a Captopril Sandoz SZ |
| | | | | | | | ^a GenRx Captopril GX |
| | | | | | | | ^a Zedace AF |
| | | | | ^B 5.38 | 35.45 | 31.18 | ^a Capoten QA |

CAPTOPRIL

Restricted benefit

For patients unable to take a solid dose form of an ACE inhibitor.

| | | | | | | | | |
|-------------|----------------------------------|----|---|----|--------|-------|---------|----|
| 8760C NP | Oral solution 5 mg per mL, 95 mL | £1 | 5 | .. | 111.92 | 35.40 | Capoten | 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 |
|--------------------------|---|-------------|-------------|-------------------|--|--|---|
| ENALAPRIL | | | | | | | |
| 1368B NP | Tablet containing enalapril maleate 10 mg | 30 | 5 | .. | 13.86 | 14.97 | ^a Acetec AL |
| | | | | | | | ^a Auspril QA |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Enalapril GM |
| | | | | | | | ^a Enalapril-GA GM |
| | | | | | | | ^a Enalapril generichealth GQ |
| | | | | | | | ^a Enalapril-PS FZ |
| | | | | | | | ^a Enalapril Sandoz SZ |
| | | | | | | | ^a GenRx Enalapril GX |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | ^B 4.65 | 18.51 | 14.97 | ^a Renitec MK |
| 1369C NP | Tablet containing enalapril maleate 20 mg | 30 | 5 | .. | 15.86 | 16.97 | ^a Acetec AL |
| | | | | | | | ^a Auspril QA |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Enalapril GM |
| | | | | | | | ^a Enalapril-GA GM |
| | | | | | | | ^a Enalapril generichealth GQ |
| | | | | | | | ^a Enalapril-PS FZ |
| | | | | | | | ^a Enalapril Sandoz SZ |
| | | | | | | | ^a GenRx Enalapril GX |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | ^B 4.66 | 20.52 | 16.97 | ^a Renitec 20 MK |
| 1370D NP | Tablet containing enalapril maleate 5 mg | 30 | 5 | .. | 10.98 | 12.09 | ^a Acetec AL |
| | | | | | | | ^a Auspril QA |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Enalapril GM |
| | | | | | | | ^a Enalapril-GA GM |
| | | | | | | | ^a Enalapril generichealth GQ |
| | | | | | | | ^a Enalapril-PS FZ |
| | | | | | | | ^a Enalapril Sandoz SZ |
| | | | | | | | ^a GenRx Enalapril GX |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | ^B 4.66 | 15.64 | 12.09 | ^a Renitec M MK |
| FOSINOPRIL SODIUM | | | | | | | |
| 1182F NP | Tablet 10 mg | 30 | 5 | .. | 15.29 | 16.40 | ^a Fosipril 10 QA |
| | | | | | | | ^a GenRx Fosinopril GX |
| | | | | | | | ^a Monace 10 AF |
| | | | | | | | ^a Monopril BQ |
| 1183G NP | Tablet 20 mg | 30 | 5 | .. | 19.66 | 20.77 | ^a Fosipril 20 QA |
| | | | | | | | ^a GenRx Fosinopril GX |
| | | | | | | | ^a Monace 20 AF |
| | | | | | | | ^a Monopril BQ |

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 |
|-------------------|---|-------------|-------------|---------|--|--|--------------|-----------------------------|
| LISINOPRIL | | | | | | | | |
| 2456G NP | Tablet 5 mg | 30 | 5 | .. | 11.98 | 13.09 | ^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 |
| | | | | | | | ^a | Lisinopril-PS FZ |
| | | | | | | | ^a | Lisinopril Ranbaxy RA |
| | | | | | | | ^a | Lisinopril Sandoz SZ |
| | | | | | | | ^a | Lisodur AF |
| 2457H NP | Tablet 10 mg | 30 | 5 | .. | 14.72 | 15.83 | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | | | | ^a | Lisinopril |
| | | | | | | | ^a | Zestril AP |
| | | | | | | | ^a | Prinivil 5 MK |
| | | | | | | | ^a | APO-Lisinopril TX |
| | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Lisinopril |
| | | | | | | | ^a | Fibsol 10 QA |
| | | | | | | | ^a | GenRx Lisinopril GX |
| | | | | | | | ^a | Lisinopril 10 CR |
| | | | | | | | ^a | Lisinopril-DRLA RZ |
| | | | | | | | ^a | Lisinopril-GA GN |
| | | | | | | | ^a | Lisinopril GQ |
| | | | | | | | ^a | generichealth |
| 2458J NP | Tablet 20 mg | 30 | 5 | .. | 16.85 | 17.96 | ^a | Lisinopril-PS FZ |
| | | | | | | | ^a | Lisinopril Ranbaxy RA |
| | | | | | | | ^a | Lisinopril Sandoz SZ |
| | | | | | | | ^a | Lisodur AF |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | | | | ^a | Lisinopril |
| | | | | | | | ^a | Zestril AP |
| | | | | | | | ^a | Prinivil 10 MK |
| | | | | | | | ^a | APO-Lisinopril TX |
| | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Lisinopril |
| | | | | | | | ^a | Fibsol 20 QA |
| | | | | | | | ^a | GenRx Lisinopril GX |
| | | | | | | | ^a | Lisinopril 20 CR |
| | | | | | | | ^a | Lisinopril-DRLA RZ |
| | | | | | | | ^a | Lisinopril-GA GN |
| | | | | | | | ^a | Lisinopril GQ |
| | | | | | | | ^a | generichealth |
| | | | | | | | ^a | Lisinopril-PS FZ |
| | | | | | | | ^a | Lisinopril Ranbaxy RA |
| | | | | | | | ^a | Lisinopril Sandoz SZ |
| | | | | | | | ^a | Lisodur AF |
| | | | | | | | ^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 |
|------|---|-------------|-------------|-------------------|--|--|--------------|-----------------------------|
| | | | | | | | | Chemists Lisinopril |
| | | | | ^B 1.47 | 18.32 | 17.96 | ^a | Zestril AP |
| | | | | ^B 3.75 | 20.60 | 17.96 | ^a | Prinivil 20 MK |

PERINDOPRIL

Note

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 | .. | 11.48 | 12.59 | ^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 GQ |
| | | | | | | | ^a | generichealth |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | | Chemists |
| | | | | | | | | Perindopril |
| 9006B NP | Tablet containing 2.5 mg perindopril arginine | 30 | 5 | .. | 11.48 | 12.59 | ^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 | .. | 15.79 | 16.90 | ^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 GQ |
| | | | | | | | ^a | generichealth |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | | Chemists |
| | | | | | | | | Perindopril |
| 9007C NP | Tablet containing 5 mg perindopril arginine | 30 | 5 | .. | 15.79 | 16.90 | ^a | Coversyl 5mg SE |

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|--|---|-------------|-------------|-------------------|--|--|----------------------------------|
| 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 | .. | 20.72 | 21.83 | ^a APO-Perindopril TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Perindopril GX |
| | | | | | | | ^a GenRx Perindopril |
| | | | | | | | ^a Idaprex 8 SZ |
| | | | | | | | ^a Indopril 8 QA |
| | | | | | | | ^a Ozapace RA |
| | | | | | | | ^a Perindo AF |
| | | | | | | | ^a Perindopril 8 CR |
| | | | | | | | ^a Perindopril-DP GN |
| | | | | | | | ^a Perindopril-GA GM |
| | | | | | | | ^a Perindopril GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Terry White TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Perindopril |
| 9008D NP | Tablet containing 10 mg perindopril arginine | 30 | 5 | .. | 20.72 | 21.83 | ^a Coversyl 10mg SE |
| QUINAPRIL | | | | | | | |
| 1968N NP | Tablet 5 mg (as hydrochloride) | 30 | 5 | .. | 11.94 | 13.05 | ^a Acquin 5 QA |
| | | | | | | | ^a Acquin Aspen 5 AS |
| | | | | | | | ^a APO-Quinapril TX |
| | | | | | | | ^a Aquinafil GN |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Quinapril 5 |
| | | | | | | | ^a Qpril 5 AF |
| | | | | | | | ^a Quinapril GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Quinapril Pfizer FZ |
| | | | | | | | ^a Quinapril Sandoz SZ |
| | | | | ^B 1.95 | 13.89 | 13.05 | ^a Accupril PF |
| 1969P NP | Tablet 10 mg (as hydrochloride) | 30 | 5 | .. | 14.25 | 15.36 | ^a Acquin 10 QA |
| | | | | | | | ^a Acquin Aspen 10 AS |
| | | | | | | | ^a APO-Quinapril TX |
| | | | | | | | ^a Aquinafil GN |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Quinapril 10 |
| | | | | | | | ^a Qpril 10 AF |
| | | | | | | | ^a Quinapril GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Quinapril Pfizer FZ |
| | | | | ^B 1.95 | 16.20 | 15.36 | ^a Accupril PF |
| 1970Q NP | Tablet 20 mg (as hydrochloride) | 30 | 5 | .. | 16.09 | 17.20 | ^a Acquin 20 QA |
| | | | | | | | ^a Acquin Aspen 20 AS |
| | | | | | | | ^a APO-Quinapril TX |
| | | | | | | | ^a Aquinafil GN |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Quinapril 20 |
| | | | | | | | ^a Qpril 20 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 Quinapril-GA | GM |
| | | | | | | | ^a Quinapril generichealth | GQ |
| | | | | | | | ^a Quinapril Pfizer | FZ |
| | | | | | | | ^a Quinapril Sandoz | SZ |
| | | | | ^B 1.95 | 18.04 | 17.20 | ^a Accupril | PF |

RAMIPRIL

Note

Pharmaceutical benefits that have the form ramipril tablet 1.25 mg and pharmaceutical benefits that have the form ramipril capsule 1.25 mg are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------------|-----------------|----|---|----|------|-------|--|----|
| 1944H NP | Tablet 1.25 mg | 30 | 5 | .. | 9.60 | 10.71 | ^a APO-Ramipril | TX |
| | | | | | | | ^a Chem mart Ramipril | CH |
| | | | | | | | ^a Prilace 1.25 | QA |
| | | | | | | | ^a Ramace 1.25 mg | AV |
| | | | | | | | ^a Ramipril Sandoz | SZ |
| | | | | | | | ^a Ramipril Tabs Pfizer | FZ |
| | | | | | | | ^a Ramipril Winthrop | WA |
| | | | | | | | ^a Terry White Chemists Ramipril | TW |
| | | | | | | | ^a Tritace 1.25 mg | SW |
| | | | | | | | ^a Tryzan Tabs 1.25 | AF |
| 9120B NP | Capsule 1.25 mg | 30 | 5 | .. | 9.60 | 10.71 | ^a Vascalace 1.25 | DO |
| | | | | | | | ^a APO-Ramipril | TX |
| | | | | | | | ^a Chem mart Ramipril | CH |
| | | | | | | | ^a Pharmacor Ramipril 1.25 | CR |
| | | | | | | | ^a Ramipril-GA | GM |
| | | | | | | | ^a Ramipril generichealth | GQ |
| | | | | | | | ^a Terry White Chemists Ramipril | TW |
| | | | | | | | ^a Tryzan Caps 1.25 | AF |

RAMIPRIL

Note

Pharmaceutical benefits that have the form ramipril tablet 2.5 mg and pharmaceutical benefits that have the form ramipril capsule 2.5 mg are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------------|---------------|----|---|----|-------|-------|--|----|
| 1945J NP | Tablet 2.5 mg | 30 | 5 | .. | 11.02 | 12.13 | ^a APO-Ramipril | TX |
| | | | | | | | ^a Chem mart Ramipril | CH |
| | | | | | | | ^a Prilace 2.5 | QA |
| | | | | | | | ^a Ramace 2.5 mg | AV |
| | | | | | | | ^a Ramipril Sandoz | SZ |
| | | | | | | | ^a Ramipril Tabs Pfizer | FZ |
| | | | | | | | ^a Ramipril Winthrop | WA |
| | | | | | | | ^a Terry White Chemists Ramipril | TW |
| | | | | | | | ^a Tritace 2.5 mg | SW |

Cardiovascular system

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|-------------|---|-------------|-------------|---------|--|--|--|
| 9121C NP | Capsule 2.5 mg | 30 | 5 | .. | 11.02 | 12.13 | ^a Tryzan Tabs 2.5 AF |
| | | | | | | | ^a Vascalace 2.5 DO |
| | | | | | | | ^a APO-Ramipril TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Ramipril Pharmacor CR |
| | | | | | | | ^a Ramipril 2.5 Ramipril-GA GM |
| | | | | | | | ^a Ramipril generichealth GQ |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Ramipril Tryzan Caps 2.5 AF |

RAMIPRIL

Note

Pharmaceutical benefits that have the form ramipril tablet 5 mg and pharmaceutical benefits that have the form ramipril capsule 5 mg are equivalent for the purposes of substitution.

| | | | | | | | |
|-------------|--------------|----|---|----|-------|-------|--|
| 1946K NP | Tablet 5 mg | 30 | 5 | .. | 12.17 | 13.28 | ^a APO-Ramipril TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Ramipril Prilace 5 QA |
| | | | | | | | ^a Ramace 5 mg AV |
| | | | | | | | ^a Ramipril Sandoz SZ |
| | | | | | | | ^a Ramipril Tabs Pfizer FZ |
| | | | | | | | ^a Ramipril Winthrop WA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Ramipril Tritace 5 mg SW |
| 9122D NP | Capsule 5 mg | 30 | 5 | .. | 12.17 | 13.28 | ^a Tryzan Tabs 5 AF |
| | | | | | | | ^a Vascalace 5 DO |
| | | | | | | | ^a APO-Ramipril TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Ramipril Pharmacor CR |
| | | | | | | | ^a Ramipril 5 Ramipril-GA GM |
| | | | | | | | ^a Ramipril generichealth GQ |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Ramipril Tryzan Caps 5 AF |

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 | .. | 16.50 | 17.61 | ^a APO-Ramipril TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Ramipril Ramipril Sandoz SZ |

Cardiovascular system

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|---|--|-------------|-------------|---------|--|--|---|----|
| 8470T NP | Capsule 10 mg | 30 | 5 | .. | 16.50 | 17.61 | ^a Ramipril Tabs Pfizer | FZ |
| | | | | | | | ^a Terry White Chemists Ramipril | TW |
| | | | | | | | ^a Tritace | SW |
| | | | | | | | ^a Tryzan Tabs 10 | AF |
| | | | | | | | ^a Vascalace 10 | DO |
| | | | | | | | ^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/> | | | | | | | | |
| 8668F NP | RAMIPRIL Pack containing 7 tablets 2.5 mg, 21 tablets 5 mg and 10 capsules 10 mg | ±1 | .. | .. | 15.78 | 16.89 | Tritace Titration Pack | SW |
| 2791X NP | TRANDOLAPRIL Capsule 500 micrograms | 28 | 5 | .. | 8.68 | 9.79 | ^a APO-Trandolapril | TX |
| 2792Y NP | Capsule 1 mg | 28 | 5 | .. | 12.25 | 13.36 | ^a Dolapril 0.5 | QA |
| | | | | | | | ^a Tranalpha | AF |
| | | | | | | | ^a Trandolapril-DP | GN |
| | | | | | | | ^a Trandolapril generichealth | GQ |
| | | | | | | | ^a Gopten | AB |
| | | | | | | | ^a APO-Trandolapril | TX |
| | | | | | | | ^a Dolapril 1 | QA |
| | | | | | | | ^a Tranalpha | AF |
| | | | | | | | ^a Trandolapril-DP | GN |
| | | | | | | | ^a Trandolapril generichealth | GQ |
| 2793B NP | Capsule 2 mg | 28 | 5 | .. | 13.43 | 14.54 | ^B 1.39 10.07 9.79 ^a Gopten | AB |
| | | | | | | | ^a APO-Trandolapril | TX |
| | | | | | | | ^a Dolapril 2 | QA |
| | | | | | | | ^a Tranalpha | AF |
| | | | | | | | ^a Trandolapril-DP | GN |
| | | | | | | | ^a Trandolapril generichealth | GQ |
| | | | | | | | ^B 1.41 13.66 13.36 ^a Gopten | AB |
| | | | | | | | ^a APO-Trandolapril | TX |
| ^a Dolapril 2 | QA | | | | | | | |
| ^a Tranalpha | AF | | | | | | | |
| ^a Trandolapril-DP | GN | | | | | | | |
| ^a Trandolapril 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 | |
|-------------|---|-------------|-------------|-------------------|--|--|--|----|
| | | | | ^B 3.00 | 16.43 | 14.54 | ^a Gopten | AB |
| 8758Y NP | Capsule 4 mg | 28 | 5 | .. | 19.49 | 20.60 | ^a APO-Trandolapril | TX |
| | | | | | | | ^a Dolapril 4 | QA |
| | | | | | | | ^a Tranalpha | AF |
| | | | | | | | ^a Trandolapril-DP | GN |
| | | | | | | | ^a Trandolapril generichealth | GQ |
| | | | | ^B 3.00 | 22.49 | 20.60 | ^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 | .. | 27.70 | 28.81 | ^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 | .. | 21.42 | 22.53 | ^a APO-Fosinopril HCTZ 10/12.5 | TX |
| | | | | | | | ^a Fosinopril/HCTZ-GA 10/12.5 | GM |
| | | | | | | | ^a Hyforil | RA |
| | | | | | | | ^a Monoplus 10/12.5 | BQ |
| 8401E NP | Tablet 20 mg-12.5 mg | 30 | 5 | .. | 28.40 | 29.51 | ^a APO-Fosinopril HCTZ 20/12.5 | TX |
| | | | | | | | ^a Fosetic 20/12.5 | ZP |
| | | | | | | | ^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 | .. | 15.10 | 16.21 | Coversyl Plus LD 2.5mg/0.625mg | SE |
|-------------|---|----|---|----|-------|-------|-----------------------------------|----|

PERINDOPRIL with INDAPAMIDE HEMIHYDRATE

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

Note

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 | .. | 25.79 | 26.90 | ^a Coversyl Plus 5mg/1.25mg | SE |
| 8449Q NP | Tablet containing 4 mg perindopril erbumine- 1.25 mg indapamide hemihydrate | 30 | 5 | .. | 25.79 | 26.90 | ^a Chem mart Perindopril/ Indapamide 4/1.25 | CH |
| | | | | | | | ^a GenRx Perindopril/ Indapamide | GX |

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 | |
|------|---|-------------|-------------|---------|--|--|--|----|
| | | | | | | | 4/1.25 | |
| | | | | | | | ^a Idaprex Combi | SZ |
| | | | | | | | 4/1.25 | |
| | | | | | | | ^a Indopril Combi | QA |
| | | | | | | | 4/1.25 | |
| | | | | | | | ^a Perindo Combi | AF |
| | | | | | | | 4/1.25 | |
| | | | | | | | ^a Perindopril/ Indapamide GH | GQ |
| | | | | | | | 4/1.25 | |
| | | | | | | | ^a Terry White Chemists Perindopril/ Indapamide 4/1.25 | TW |

QUINAPRIL HYDROCHLORIDE with HYDROCHLOROTHIAZIDE

Restricted benefit

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 | .. | 16.47 | 17.58 | Accuretic 10/12.5mg | PF |
| 8590D NP | Tablet 20 mg (base)-12.5 mg | 30 | 5 | .. | 18.31 | 19.42 | 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 NP | Tablet 10 mg-10 mg | 28 | 5 | .. | 19.61 | 20.72 | Zan-Extra 10/10 | AB |
| 9145H NP | Tablet 10 mg-20 mg | 28 | 5 | .. | 21.48 | 22.59 | Zan-Extra 10/20 | AB |

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 NP | Tablet containing 5 mg perindopril arginine with 5 mg amlodipine (as besylate) | 30 | 5 | .. | 27.21 | 28.32 | ^a Coveram | SE |
| | | | | | | | ^a Reaptan 5/5 | RX |
| 9347Y NP | Tablet containing 5 mg perindopril arginine with 10 mg amlodipine (as besylate) | 30 | 5 | .. | 34.55 | 35.40 | ^a Coveram | SE |
| | | | | | | | ^a Reaptan 5/10 | RX |
| 9348B NP | Tablet containing 10 mg perindopril arginine with 5 mg amlodipine (as besylate) | 30 | 5 | .. | 33.04 | 34.15 | ^a Coveram | SE |
| | | | | | | | ^a Reaptan 10/5 | RX |
| 9349C NP | Tablet containing 10 mg perindopril arginine with 10 mg amlodipine (as besylate) | 30 | 5 | .. | 40.36 | 35.40 | ^a Coveram | SE |
| | | | | | | | ^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 NP | Tablet 2.5 mg-2.5 mg (modified release) | 30 | 5 | .. | 16.20 | 17.31 | Triasyn 2.5/2.5 | SW |
| 2629J NP | Tablet 5 mg-5 mg (modified release) | 30 | 5 | .. | 19.62 | 20.73 | Triasyn 5.0/5.0 | 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 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 NP | Tablet 4 mg-240 mg (sustained release) | 28 | 5 | .. | 28.12 | 29.23 | Tarka 4/240 | AB |
| 9387C NP | Tablet 2 mg-180 mg (sustained release) | 28 | 5 | .. | 19.91 | 21.02 | Tarka 2/180 | AB |
| Angiotensin II antagonists, plain | | | | | | | | |
| Angiotensin II antagonists, plain | | | | | | | | |
| CANDESARTAN CILEXETIL | | | | | | | | |
| 8295N NP | Tablet 4 mg | 30 | 5 | .. | 9.20 | 10.31 | Atacand | AP |
| 8296P NP | Tablet 8 mg | 30 | 5 | T2.95 | 17.22 | 15.38 | Atacand | AP |
| 8297Q NP | Tablet 16 mg | 30 | 5 | T3.26 | 32.27 | 30.12 | Atacand | AP |
| 8889W NP | Tablet 32 mg | 30 | 5 | T2.87 | 39.66 | 35.40 | Atacand | AP |
| CANDESARTAN CILEXETIL | | | | | | | | |
| 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. | | | | | | | | |
| 8997M NP | Tablet 8 mg | 30 | 5 | .. | 17.22 | 18.33 | Atacand | AP |
| 8998N NP | Tablet 16 mg | 30 | 5 | .. | 32.27 | 33.38 | Atacand | AP |
| 8999P NP | Tablet 32 mg | 30 | 5 | .. | 39.66 | 35.40 | Atacand | AP |
| EPROSARTAN MESYLATE | | | | | | | | |
| 8397Y NP | Tablet 400 mg (base) | 56 | 5 | T3.48 | *26.96 | 24.59 | Teveten | AB |
| 8447N NP | Tablet 600 mg (base) | 28 | 5 | T2.00 | 29.73 | 28.84 | Teveten | AB |
| EPROSARTAN MESYLATE | | | | | | | | |
| 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. | | | | | | | | |
| 5491B NP | Tablet 600 mg (base) | 28 | 5 | .. | 29.73 | 30.84 | Teveten | AB |
| 8951D NP | Tablet 400 mg (base) | 56 | 5 | .. | *26.96 | 28.07 | Teveten | AB |
| IRBESARTAN | | | | | | | | |
| 8246B NP | Tablet 75 mg | 30 | 5 | .. | 14.56 | 15.67 | a Avapro | BQ |
| | | | | | | | a Karvea | 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 | |
|---|---|-------------|-------------|-------------------|--|--|-----------------------------|----|
| 8247C NP | Tablet 150 mg | 30 | 5 | .. | 18.00 | 19.11 ^a | Avapro | BQ |
| | | | | | | ^a | Karvea | SW |
| 8248D NP | Tablet 300 mg | 30 | 5 | .. | 29.46 | 30.57 ^a | Avapro | BQ |
| | | | | | | ^a | Karvea | SW |
| LOSARTAN | | | | | | | | |
| 5452Y NP | Tablet containing losartan potassium 25 mg | 30 | 5 | .. | 14.02 | 15.13 | Cozavan | AF |
| 8203R NP | Tablet containing losartan potassium 50 mg | 60 | 5 | .. | *27.94 | 29.05 | Cozavan | AF |
| OLMESARTAN MEDOXOMIL | | | | | | | | |
| 2147B NP | Tablet 20 mg | 30 | 5 | ^T 2.00 | 19.45 | 18.56 | Olmotec | MK |
| 2148C NP | Tablet 40 mg | 30 | 5 | ^T 2.00 | 31.72 | 30.83 | 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. | | | | | | | | |
| 5492C NP | Tablet 20 mg | 30 | 5 | .. | 19.45 | 20.56 | Olmotec | MK |
| 5493D NP | Tablet 40 mg | 30 | 5 | .. | 31.72 | 32.83 | Olmotec | MK |
| TELMISARTAN | | | | | | | | |
| 8355R NP | Tablet 40 mg | 28 | 5 | ^T 2.00 | 16.27 | 15.38 | Micardis | BY |
| 8356T NP | Tablet 80 mg | 28 | 5 | ^T 1.99 | 31.00 | 30.12 | Micardis | BY |
| TELMISARTAN | | | | | | | | |
| 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. | | | | | | | | |
| 5494E NP | Tablet 40 mg | 28 | 5 | .. | 16.27 | 17.38 | Micardis | BY |
| 5495F NP | Tablet 80 mg | 28 | 5 | .. | 31.00 | 32.11 | Micardis | BY |
| VALSARTAN | | | | | | | | |
| 9368C NP | Tablet 40 mg | 28 | .. | .. | 15.52 | 16.63 | Diovan | NV |
| 9369D NP | Tablet 80 mg | 28 | 5 | .. | 19.50 | 20.61 | Diovan | NV |
| 9370E NP | Tablet 160 mg | 28 | 5 | .. | 23.15 | 24.26 | Diovan | NV |

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 | |
|---|---|-------------|-------------|---------|--|--|-------------------------------------|----|
| 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 | .. | 27.73 | 28.84 | Diovan | NV |
| Angiotensin II antagonists, combinations | | | | | | | | |
| Angiotensin II antagonists and diuretics | | | | | | | | |
| 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 | .. | 31.23 | 32.34 | Atacand Plus 16/12.5 | AP |
| 9314F NP | Tablet 32 mg-12.5 mg | 30 | 5 | .. | 39.01 | 35.40 | Atacand Plus 32/12.5 | AP |
| 9315G NP | Tablet 32 mg-25 mg | 30 | 5 | .. | 41.21 | 35.40 | Atacand Plus 32/25 | AP |
| 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 | .. | 29.80 | 30.91 | Teveten Plus 600/12.5 | AB |
| 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 | .. | 33.91 | 35.02 | ^a Avapro HCT 300/25 | BQ |
| | | | | | | | ^a Karvezide 300/25 | SW |
| 8404H NP | Tablet 150 mg-12.5 mg | 30 | 5 | .. | 20.22 | 21.33 | ^a Avapro HCT 150/12.5 | BQ |
| | | | | | | | ^a Karvezide 150/12.5 | SW |
| 8405J NP | Tablet 300 mg-12.5 mg | 30 | 5 | .. | 31.68 | 32.79 | ^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 | .. | 19.66 | 20.77 | Olmotec Plus | MK |
| 2166B NP | Tablet 40 mg-12.5 mg | 30 | 5 | .. | 31.94 | 33.05 | Olmotec Plus | MK |
| 2170F NP | Tablet 40 mg-25 mg | 30 | 5 | .. | 34.17 | 35.28 | 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 | .. | 16.34 | 17.45 | Micardis Plus 40/12.5 mg | BY |
| 8623W NP | Tablet 80 mg-12.5 mg | 28 | 5 | .. | 31.08 | 32.19 | Micardis Plus 80/12.5 mg | BY |
| 9381R NP | Tablet 80 mg-25 mg | 28 | 5 | .. | 33.17 | 34.28 | Micardis Plus 80/25 mg | BY |

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 | |
|---|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 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 | .. | 21.57 | 22.68 | Co-Diovan 80/12.5 | NV |
| 9373H NP | Tablet 160 mg-12.5 mg | 28 | 5 | .. | 25.22 | 26.33 | Co-Diovan 160/12.5 | NV |
| 9374J NP | Tablet 160 mg-25 mg | 28 | 5 | .. | 27.30 | 28.41 | Co-Diovan 160/25 | NV |
| <hr/> | | | | | | | | |
| 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 | .. | 29.80 | 30.91 | Co-Diovan 320/12.5 | NV |
| 9482C NP | Tablet 320 mg-25 mg | 28 | 5 | .. | 31.88 | 32.99 | Co-Diovan 320/25 | NV |
| Angiotensin II antagonists and calcium channel blockers | | | | | | | | |
| AMLODIPINE with VALSARTAN | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Hypertension in a patient who is not adequately controlled with either of the drugs in the combination. | | | | | | | | |
| 5459H NP | Tablet 5 mg (as besylate)-320 mg | 28 | 5 | .. | 32.43 | 33.54 | Exforge 5/320 | NV |
| 5460J NP | Tablet 10 mg (as besylate)-320 mg | 28 | 5 | .. | 35.97 | 35.40 | Exforge 10/320 | NV |
| 9375K NP | Tablet 5 mg (as besylate)-80 mg | 28 | 5 | .. | 24.21 | 25.32 | Exforge 5/80 | NV |
| 9376L NP | Tablet 5 mg (as besylate)-160 mg | 28 | 5 | .. | 27.85 | 28.96 | Exforge 5/160 | NV |
| 9377M NP | Tablet 10 mg (as besylate)-160 mg | 28 | 5 | .. | 31.39 | 32.50 | Exforge 10/160 | NV |
| OLMESARTAN with AMLODIPINE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| 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 | .. | 22.48 | 23.59 | Sevikar 20/5 | MK |
| 5293N | Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besylate) | 30 | 5 | .. | 34.75 | 35.40 | Sevikar 40/5 | MK |
| 5294P | Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besylate) | 30 | 5 | .. | 38.55 | 35.40 | Sevikar 40/10 | MK |
| TELMISARTAN with AMLODIPINE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Hypertension in a patient who is not adequately controlled with either of the drugs in the combination. | | | | | | | | |
| 8978M NP | Tablet 40 mg-5 mg (as besylate) | 28 | 5 | .. | 18.97 | 20.08 | Twynsta | BY |
| 8979N NP | Tablet 40 mg-10 mg (as besylate) | 28 | 5 | .. | 22.52 | 23.63 | Twynsta | BY |
| 8980P NP | Tablet 80 mg-5 mg (as besylate) | 28 | 5 | .. | 33.72 | 34.83 | Twynsta | BY |
| 8981Q NP | Tablet 80 mg-10 mg (as besylate) | 28 | 5 | .. | 37.26 | 35.40 | Twynsta | BY |

Cardiovascular system

| 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 \$ | |
| Angiotensin II antagonists, other combinations | | | | | | | |
| AMLODIPINE with VALSARTAN and HYDROCHLOROTHIAZIDE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Hypertension in a patient who is not adequately controlled with any two of the drugs in the combination. | | | | | | | |
| 5285E NP | Tablet 5 mg (as besylate)-160 mg-12.5 mg | 28 | 5 | .. | 29.92 | 31.03 | Exforge HCT 5/160/12.5 NV |
| 5286F NP | Tablet 5 mg (as besylate)-160 mg-25 mg | 28 | 5 | .. | 32.00 | 33.11 | Exforge HCT 5/160/25 NV |
| 5287G NP | Tablet 10 mg (as besylate)-160 mg-12.5 mg | 28 | 5 | .. | 33.46 | 34.57 | Exforge HCT 10/160/12.5 NV |
| 5288H NP | Tablet 10 mg (as besylate)-160 mg-25 mg | 28 | 5 | .. | 35.55 | 35.40 | Exforge HCT 10/160/25 NV |
| 5289J NP | Tablet 10 mg (as besylate)-320 mg-25 mg | 28 | 5 | .. | 40.12 | 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.

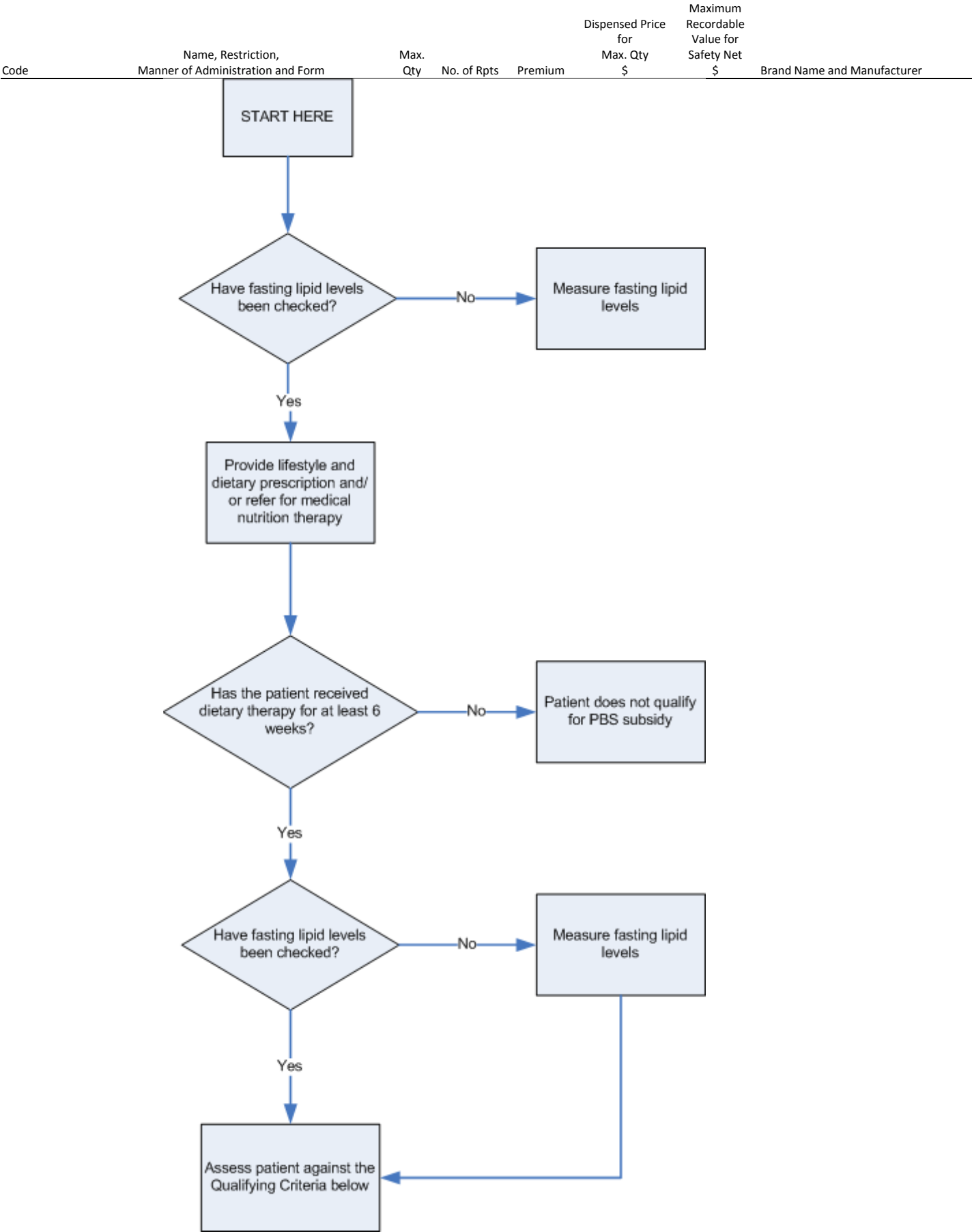
Dietary therapy should be continued concurrently with pharmacological therapy and should be reviewed on at least an annual basis.

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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 Patients with hypertension | total cholesterol > 6.5 mmol/L 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: <ul style="list-style-type: none"> DNA mutation; or tendon xanthomas in the patient or their first or second degree relative Patients with: <ul style="list-style-type: none"> 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 | 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 not eligible under the above: <ul style="list-style-type: none"> men aged 35 to 75 years post-menopausal women aged up to 75 years | total cholesterol > 7.5 mmol/L or triglyceride > 4 mmol/L |
| 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 | Tablet 10 mg (as calcium) | 30 | 5 | .. | 37.23 | 35.40 | ^a | APO-Atorvastatin | TX |
| NP | | | | | | | | | |
| | | | | | | | ^a | Atorvachol | GM |
| | | | | | | | ^a | Atorvastatin GH | GQ |
| | | | | | | | ^a | Atorvastatin Pfizer | FZ |
| | | | | | | | ^a | Atorvastatin Sandoz | SZ |
| | | | | | | | ^a | Atorvastatin SCP 10 | RZ |
| | | | | | | | ^a | Chem mart Atorvastatin | CH |
| | | | | | | | ^a | Lipitor | PF |
| | | | | | | | ^a | Lorstat 10 | AF |
| | | | | | | | ^a | STADA Atorvastatin | TD |
| | | | | | | | ^a | Terry White Chemists Atorvastatin | TW |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty \$ | Maximum Recordable Value for Safety Net \$ | Brand Name and Manufacturer |
|-------------|---|-------------|-------------|---------|--|--|---|
| 8214H NP | Tablet 20 mg (as calcium) | 30 | 5 | .. | 50.41 | 35.40 | ^a Torvastat 10 QA |
| | | | | | | | ^a Trovas RA |
| | | | | | | | ^a APO-Atorvastatin TX |
| | | | | | | | ^a Atorvachol GM |
| | | | | | | | ^a Atorvastatin GH GQ |
| | | | | | | | ^a Atorvastatin Pfizer FZ |
| | | | | | | | ^a Atorvastatin Sandoz SZ |
| | | | | | | | ^a Atorvastatin SCP 20 RZ |
| | | | | | | | ^a Chem mart Atorvastatin CH |
| | | | | | | | ^a Lipitor PF |
| | | | | | | | ^a Lorstat 20 AF |
| | | | | | | | ^a STADA Atorvastatin TD |
| 8215J NP | Tablet 40 mg (as calcium) | 30 | 5 | .. | 67.54 | 35.40 | ^a Terry White Chemists Atorvastatin TW |
| | | | | | | | ^a Torvastat 20 QA |
| | | | | | | | ^a Trovas RA |
| | | | | | | | ^a APO-Atorvastatin TX |
| | | | | | | | ^a Atorvachol GM |
| | | | | | | | ^a Atorvastatin GH GQ |
| | | | | | | | ^a Atorvastatin Pfizer FZ |
| | | | | | | | ^a Atorvastatin Sandoz SZ |
| | | | | | | | ^a Atorvastatin SCP 40 RZ |
| | | | | | | | ^a Chem mart Atorvastatin CH |
| | | | | | | | ^a Lipitor PF |
| | | | | | | | ^a Lorstat 40 AF |
| 8521L NP | Tablet 80 mg (as calcium) | 30 | 5 | .. | 93.74 | 35.40 | ^a STADA Atorvastatin TD |
| | | | | | | | ^a Terry White Chemists Atorvastatin TW |
| | | | | | | | ^a Torvastat 40 QA |
| | | | | | | | ^a Trovas RA |
| | | | | | | | ^a APO-Atorvastatin TX |
| | | | | | | | ^a Atorvachol GM |
| | | | | | | | ^a Atorvastatin GH GQ |
| | | | | | | | ^a Atorvastatin Pfizer FZ |
| | | | | | | | ^a Atorvastatin Sandoz SZ |
| | | | | | | | ^a Atorvastatin SCP 80 RZ |
| | | | | | | | ^a Chem mart Atorvastatin CH |
| | | | | | | | ^a Lipitor PF |
| | | | | | | | ^a Lorstat 80 AF |
| | | | | | | | ^a STADA Atorvastatin TD |
| | | | | | | | ^a Terry White Chemists Atorvastatin TW |
| | | | | | | | ^a Torvastat 80 QA |
| | | | | | | | ^a Trovas RA |

Cardiovascular system

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for | Maximum | | | |
|--|---|-------------|-------------|---------|------------------------|---------------------------------------|--------------|-------------------------|-----------------------------|
| | | | | | Max. Qty | Recordable Value for Safety Net | | | |
| | | | | | \$ | \$ | | | Brand Name and Manufacturer |
| ATORVASTATIN | | | | | | | | | |
| <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. | | | | | | | | | |
| 9230T | Tablet 10 mg (as calcium) | 30 | 11 | .. | 37.23 | 35.40 | ^a | APO-Atorvastatin | TX |
| | | | | | | | ^a | Atorvachol | GM |
| | | | | | | | ^a | Atorvastatin GH | GQ |
| | | | | | | | ^a | Atorvastatin Pfizer | FZ |
| | | | | | | | ^a | Atorvastatin Sandoz | SZ |
| | | | | | | | ^a | Atorvastatin SCP 10 | RZ |
| | | | | | | | ^a | Chem mart | CH |
| | | | | | | | ^a | Atorvastatin | |
| | | | | | | | ^a | Lipitor | PF |
| | | | | | | | ^a | Lorstat 10 | AF |
| | | | | | | | ^a | STADA Atorvastatin | TD |
| | | | | | | | ^a | Terry White Chemists | TW |
| | | | | | | | ^a | Atorvastatin | |
| | | | | | | | ^a | Torvastat 10 | QA |
| | | | | | | | ^a | Trovas | RA |
| 9231W | Tablet 20 mg (as calcium) | 30 | 11 | .. | 50.41 | 35.40 | ^a | APO-Atorvastatin | TX |
| | | | | | | | ^a | Atorvachol | GM |
| | | | | | | | ^a | Atorvastatin GH | GQ |
| | | | | | | | ^a | Atorvastatin Pfizer | FZ |
| | | | | | | | ^a | Atorvastatin Sandoz | SZ |
| | | | | | | | ^a | Atorvastatin SCP 20 | RZ |
| | | | | | | | ^a | Chem mart | CH |
| | | | | | | | ^a | Atorvastatin | |
| | | | | | | | ^a | Lipitor | PF |
| | | | | | | | ^a | Lorstat 20 | AF |
| | | | | | | | ^a | STADA Atorvastatin | TD |
| | | | | | | | ^a | Terry White Chemists | TW |
| | | | | | | | ^a | Atorvastatin | |
| | | | | | | | ^a | Torvastat 20 | QA |
| | | | | | | | ^a | Trovas | RA |
| 9232X | Tablet 40 mg (as calcium) | 30 | 11 | .. | 67.54 | 35.40 | ^a | APO-Atorvastatin | TX |
| | | | | | | | ^a | Atorvachol | GM |
| | | | | | | | ^a | Atorvastatin GH | GQ |
| | | | | | | | ^a | Atorvastatin Pfizer | FZ |
| | | | | | | | ^a | Atorvastatin Sandoz | SZ |
| | | | | | | | ^a | Atorvastatin SCP 40 | RZ |
| | | | | | | | ^a | Chem mart | CH |
| | | | | | | | ^a | Atorvastatin | |
| | | | | | | | ^a | Lipitor | PF |
| | | | | | | | ^a | Lorstat 40 | AF |
| | | | | | | | ^a | STADA Atorvastatin | TD |
| | | | | | | | ^a | Terry White Chemists | TW |
| | | | | | | | ^a | Atorvastatin | |
| | | | | | | | ^a | Torvastat 40 | QA |

| | | | | | | | | | |
|-------------|--|----|---|----|-------|-------|--------------|---------------------------|----|
| 2833D NP | Tablet containing pravastatin sodium 10 mg | 30 | 5 | .. | 13.72 | 14.83 | ^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 |

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 |
|-------------|---|-------------|-------------|---------|--|--|---|
| 2834E NP | Tablet containing pravastatin sodium 20 mg | 30 | 5 | .. | 17.97 | 19.08 | ^a Pravastatin Actavis 10 TA |
| | | | | | | | ^a Pravastatin-GA 10 GM |
| | | | | | | | ^a Pravastatin generichealth GQ |
| | | | | | | | ^a Pravastatin-PS FZ |
| | | | | | | | ^a Pravastatin Sandoz SZ |
| | | | | | | | ^a Pravastatin Winthrop WA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Pravastatin |
| | | | | | | | ^a Pravachol FM |
| | | | | | | | ^a APO-Pravastatin TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Pravastatin |
| | | | | | | | ^a Cholstat 20 AF |
| | | | | | | | ^a Cholvastin RA |
| | | | | | | | ^a GenRx Pravastatin GX |
| | | | | | | | ^a Lipostat 20 QA |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Pravastat 20 |
| | | | | | | | ^a Pravastatin Actavis 20 TA |
| | | | | | | | ^a Pravastatin-GA 20 GM |
| 8197K NP | Tablet containing pravastatin sodium 40 mg | 30 | 5 | .. | 24.33 | 25.44 | ^a Pravastatin generichealth GQ |
| | | | | | | | ^a Pravastatin-PS FZ |
| | | | | | | | ^a Pravastatin Sandoz SZ |
| | | | | | | | ^a Pravastatin Winthrop WA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Pravastatin |
| | | | | | | | ^a Pravachol FM |
| | | | | | | | ^a APO-Pravastatin TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Pravastatin |
| | | | | | | | ^a Cholstat 40 AF |
| | | | | | | | ^a Cholvastin RA |
| | | | | | | | ^a GenRx Pravastatin GX |
| | | | | | | | ^a Lipostat 40 QA |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Pravastat 40 |
| | | | | | | | ^a Pravastatin Actavis 40 TA |
| | | | | | | | ^a Pravastatin-GA 40 GM |
| | | | | | | | ^a Pravastatin generichealth GQ |
| | | | | | | | ^a Pravastatin-PS FZ |
| 8829Q NP | Tablet containing pravastatin sodium 80 mg | 30 | 5 | .. | 33.91 | 35.02 | ^a Pravastatin Sandoz SZ |
| | | | | | | | ^a Pravastatin Winthrop WA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Pravastatin |
| | | | | | | | ^a Pravachol FM |
| | | | | | | | ^a APO-Pravastatin TX |
| | | | | | | | ^a Pravastatin |
| | | | | | | | ^a Pravastatin |

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 Chem mart CH |
| | | | | | | | Pravastatin |
| | | | | | | | ^a Lipostat 80 QA |
| | | | | | | | ^a Pravastatin-GA 80 GM |
| | | | | | | | ^a Pravastatin GQ |
| | | | | | | | generichealth |
| | | | | | | | ^a Pravastatin-PS FZ |
| | | | | | | | ^a Pravastatin Sandoz SZ |
| | | | | | | | ^a Terry White TW |
| | | | | | | | Chemists |
| | | | | | | | Pravastatin |
| | | | | ^B 4.25 | 38.16 | 35.02 | ^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 | .. | 13.72 | 14.83 | ^a APO-Pravastatin TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | Pravastatin |
| | | | | | | | ^a Cholstat 10 AF |
| | | | | | | | ^a GenRx Pravastatin GX |
| | | | | | | | ^a Lipostat 10 QA |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | Pravastat 10 |
| | | | | | | | ^a Pravastatin Actavis TA |
| | | | | | | | 10 |
| | | | | | | | ^a Pravastatin-GA 10 GM |
| | | | | | | | ^a Pravastatin GQ |
| | | | | | | | generichealth |
| | | | | | | | ^a Pravastatin-PS FZ |
| | | | | | | | ^a Pravastatin Sandoz SZ |
| | | | | | | | ^a Pravastatin WA |
| | | | | | | | Winthrop |
| | | | | | | | ^a Terry White TW |
| | | | | | | | Chemists |
| | | | | | | | Pravastatin |
| | | | | ^B 4.00 | 17.72 | 14.83 | ^a Pravachol FM |
| 9238F | Tablet containing pravastatin sodium 20 mg | 30 | 11 | .. | 17.97 | 19.08 | ^a APO-Pravastatin TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | Pravastatin |
| | | | | | | | ^a Cholstat 20 AF |
| | | | | | | | ^a Cholvastin RA |
| | | | | | | | ^a GenRx Pravastatin GX |
| | | | | | | | ^a Lipostat 20 QA |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | Pravastat 20 |
| | | | | | | | ^a Pravastatin Actavis TA |
| | | | | | | | 20 |
| | | | | | | | ^a Pravastatin-GA 20 GM |
| | | | | | | | ^a Pravastatin GQ |
| | | | | | | | generichealth |
| | | | | | | | ^a Pravastatin-PS FZ |
| | | | | | | | ^a Pravastatin Sandoz SZ |
| | | | | | | | ^a Pravastatin 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 | |
|-------|---|-------------|-------------|-------------------|--|--|--|----|
| 9239G | Tablet containing pravastatin sodium 40 mg | 30 | 11 | .. | 24.33 | 25.44 | Winthrop | |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | 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 Actavis 40 | TA |
| | | | | | | | ^a Pravastatin-GA 40 | GM |
| 9240H | Tablet containing pravastatin sodium 80 mg | 30 | 11 | .. | 33.91 | 35.02 | ^a Pravastatin generichealth | GQ |
| | | | | | | | ^a Pravastatin-PS | FZ |
| | | | | | | | ^a Pravastatin Sandoz | SZ |
| | | | | | | | ^a Pravastatin Winthrop | WA |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | Pravastatin | |
| | | | | | | | ^a Pravachol | FM |
| | | | | | | | ^a APO-Pravastatin | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | Pravastatin | |
| | | | | | | | ^a Lipostat 80 | QA |
| | | | | | | | ^a Pravastatin-GA 80 | GM |
| | | | | | | | ^a Pravastatin generichealth | GQ |
| | | | | | | | ^a Pravastatin-PS | FZ |
| | | | | | | | ^a Pravastatin Sandoz | SZ |
| | | | | .. | 38.16 | 35.02 | ^a Terry White Chemists | TW |
| | | | | | | | Pravastatin | |
| | | | | ^B 4.25 | | | ^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 NP | Tablet 5 mg (as calcium) | 30 | 5 | .. | 39.55 | 35.40 | Crestor | AP |
| 9043Y NP | Tablet 10 mg (as calcium) | 30 | 5 | .. | 53.16 | 35.40 | Crestor | AP |
| 9044B NP | Tablet 20 mg (as calcium) | 30 | 5 | .. | 72.52 | 35.40 | Crestor | AP |
| 9045C NP | Tablet 40 mg (as calcium) | 30 | 5 | .. | 100.66 | 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.

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 | | | | | | | | |
| No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | | |
| 3402C | Tablet 5 mg (as calcium) | 30 | 11 | .. | 39.55 | 35.40 | Crestor | AP |
| 3403D | Tablet 10 mg (as calcium) | 30 | 11 | .. | 53.16 | 35.40 | Crestor | AP |
| 3404E | Tablet 20 mg (as calcium) | 30 | 11 | .. | 72.52 | 35.40 | Crestor | AP |
| 3405F | Tablet 40 mg (as calcium) | 30 | 11 | .. | 100.66 | 35.40 | Crestor | AP |
| SIMVASTATIN | | | | | | | | |
| Restricted benefit | | | | | | | | |
| 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 | .. | 14.37 | 15.48 | ^a APO-Simvastatin | TX |
| | | | | | | | ^a Auro-Simvastatin 10 | DO |
| | | | | | | | ^a Chem mart Simvastatin | CH |
| | | | | | | | ^a GenRx Simvastatin | GX |
| | | | | | | | ^a Pharmacor Simvastatin 10 | MI |
| | | | | | | | ^a Ransim | RA |
| | | | | | | | ^a Simvacor 10 | CR |
| | | | | | | | ^a Simvar 10 | QA |
| | | | | | | | ^a Simvastatin-DP | GM |
| | | | | | | | ^a Simvastatin-DRLA | RZ |
| | | | | | | | ^a Simvastatin-GA 10 | GN |
| | | | | | | | ^a Simvastatin generichealth | GQ |
| | | | | | | | ^a Simvastatin Pfizer | FZ |
| | | | | | | | ^a Simvastatin Sandoz | SZ |
| | | | | | | | ^a Simvastatin-Spirit 10 | ZP |
| | | | | | | | ^a Simvastatin Winthrop | WA |
| | | | | | | | ^a Synthon Simvastatin | ZT |
| | | | | | | | ^a Terry White Chemists Simvastatin | TW |
| | | | | | | | ^a Zimstat | AF |
| | | | | | | | ^a Lipex 10 | FR |
| | | | | | | | ^a Zocor | MK |
| 2012X NP | Tablet 20 mg | 30 | 5 | .. | 17.82 | 18.93 | ^a APO-Simvastatin | TX |
| | | | | | | | ^a Auro-Simvastatin 20 | DO |
| | | | | | | | ^a Chem mart Simvastatin | CH |
| | | | | | | | ^a GenRx Simvastatin | GX |
| | | | | | | | ^a Pharmacor Simvastatin 20 | MI |
| | | | | | | | ^a Ransim | RA |
| | | | | | | | ^a Simvacor 20 | CR |
| | | | | | | | ^a Simvar 20 | QA |
| | | | | | | | ^a Simvastatin-DP | GM |
| | | | | | | | ^a Simvastatin-DRLA | RZ |
| | | | | | | | ^a Simvastatin-GA 20 | GN |
| | | | | | | | ^a Simvastatin 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 |
|-------------|---|-------------|-------------|---------|--|--|--|
| 2013Y NP | Tablet 5 mg | 30 | 5 | .. | 12.20 | 13.31 | ^a Simvastatin Pfizer FZ |
| | | | | | | | ^a Simvastatin Sandoz SZ |
| | | | | | | | ^a Simvastatin-Spirit 20 ZP |
| | | | | | | | ^a Simvastatin Winthrop WA |
| | | | | | | | ^a Synthon ZT |
| | | | | | | | ^a Simvastatin Terry White Chemists TW |
| | | | | | | | ^a Simvastatin Zimstat AF |
| | | | | | | | ^a Lipex 20 FR |
| | | | | | | | ^a Zocor MK |
| | | | | | | | ^a Simvastatin Sandoz SZ |
| 8173E NP | Tablet 40 mg | 30 | 5 | .. | 22.78 | 23.89 | ^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 Simvar 40 QA |
| 8313M NP | Tablet 80 mg | 30 | 5 | .. | 29.89 | 31.00 | ^a Simvastatin-DP GM |
| | | | | | | | ^a Simvastatin-DRLA RZ |
| | | | | | | | ^a Simvastatin-GA 40 GN |
| | | | | | | | ^a Simvastatin generichealth GQ |
| | | | | | | | ^a Simvastatin Pfizer FZ |
| | | | | | | | ^a Simvastatin Sandoz SZ |
| | | | | | | | ^a Simvastatin-Spirit 40 ZP |
| | | | | | | | ^a Simvastatin Winthrop WA |
| | | | | | | | ^a Synthon ZT |
| | | | | | | | ^a Simvastatin Terry White Chemists TW |
| 8313M NP | Tablet 80 mg | 30 | 5 | .. | 29.89 | 31.00 | ^a Simvastatin Zimstat AF |
| | | | | | | | ^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 |

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 Simvar 80 QA |
| | | | | | | | ^a Simvastatin-DP GM |
| | | | | | | | ^a Simvastatin-DRLA RZ |
| | | | | | | | ^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 Synthon Simvastatin ZT |
| | | | | | | | ^a Terry White Chemists Simvastatin TW |
| | | | | | | | ^a Zimstat AF |
| | | | | ^B 3.32 | 33.21 | 31.00 | ^a Lipex 80 FR |
| | | | | | | | ^a Zocor MK |

SIMVASTATIN

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.

| | | | | | | | |
|-------|--------------|----|----|-------------------|-------|-------|--|
| 9241J | Tablet 5 mg | 30 | 11 | .. | 12.20 | 13.31 | ^a Simvastatin Sandoz SZ |
| | | | | | | | ^a Zimstat AF |
| | | | | ^B 3.32 | 15.52 | 13.31 | ^a Zocor MK |
| 9242K | Tablet 10 mg | 30 | 11 | .. | 14.37 | 15.48 | ^a APO-Simvastatin TX |
| | | | | | | | ^a Auro-Simvastatin 10 DO |
| | | | | | | | ^a Chem mart Simvastatin CH |
| | | | | | | | ^a GenRx Simvastatin GX |
| | | | | | | | ^a Pharmacor Simvastatin 10 MI |
| | | | | | | | ^a Ransim RA |
| | | | | | | | ^a Simvacor 10 CR |
| | | | | | | | ^a Simvar 10 QA |
| | | | | | | | ^a Simvastatin-DP GM |
| | | | | | | | ^a Simvastatin-DRLA RZ |
| | | | | | | | ^a Simvastatin-GA 10 GN |
| | | | | | | | ^a Simvastatin generichealth GQ |
| | | | | | | | ^a Simvastatin Pfizer FZ |
| | | | | | | | ^a Simvastatin Sandoz SZ |
| | | | | | | | ^a Simvastatin-Spirit 10 ZP |
| | | | | | | | ^a Simvastatin Winthrop WA |
| | | | | | | | ^a Synthon Simvastatin ZT |
| | | | | | | | ^a Terry White Chemists Simvastatin 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 |
|-------|---|-------------|-------------|---------|--|--|------------------------------------|
| 9243L | Tablet 20 mg | 30 | 11 | .. | 17.82 | 18.93 | ^a Zimstat AF |
| | | | | | | | ^a Lipex 10 FR |
| | | | | | | | ^a Zocor MK |
| | | | | | | | ^a APO-Simvastatin TX |
| | | | | | | | ^a Auro-Simvastatin DO |
| | | | | | | | ^a 20 |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Simvastatin |
| | | | | | | | ^a GenRx Simvastatin GX |
| | | | | | | | ^a Pharmacor MI |
| | | | | | | | ^a Simvastatin 20 |
| | | | | | | | ^a Ransim RA |
| | | | | | | | ^a Simvacor 20 CR |
| | | | | | | | ^a Simvar 20 QA |
| | | | | | | | ^a Simvastatin-DP GM |
| | | | | | | | ^a Simvastatin-DRLA RZ |
| | | | | | | | ^a Simvastatin-GA 20 GN |
| | | | | | | | ^a Simvastatin GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Simvastatin Pfizer FZ |
| 9244M | Tablet 40 mg | 30 | 11 | .. | 22.78 | 23.89 | ^a Simvastatin Sandoz SZ |
| | | | | | | | ^a Simvastatin-Spirit ZP |
| | | | | | | | ^a 20 |
| | | | | | | | ^a Simvastatin WA |
| | | | | | | | ^a Winthrop |
| | | | | | | | ^a Synthon ZT |
| | | | | | | | ^a Simvastatin |
| | | | | | | | ^a Terry White TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Simvastatin |
| | | | | | | | ^a Zimstat AF |
| | | | | | | | ^a Lipex 20 FR |
| | | | | | | | ^a Zocor MK |
| | | | | | | | ^a APO-Simvastatin TX |
| | | | | | | | ^a Auro-Simvastatin DO |
| | | | | | | | ^a 40 |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Simvastatin |
| | | | | | | | ^a GenRx Simvastatin GX |
| | | | | | | | ^a Pharmacor MI |
| | | | | | | | ^a Simvastatin 40 |
| | | | | | | | ^a Ransim RA |
| | | | | | | | ^a Simvacor 40 CR |
| | | | | | | | ^a Simvar 40 QA |
| | | | | | | | ^a Simvastatin-DP GM |
| | | | | | | | ^a Simvastatin-DRLA RZ |
| | | | | | | | ^a Simvastatin-GA 40 GN |
| | | | | | | | ^a Simvastatin GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Simvastatin Pfizer FZ |
| | | | | | | | ^a Simvastatin Sandoz SZ |
| | | | | | | | ^a Simvastatin-Spirit ZP |
| | | | | | | | ^a 40 |
| | | | | | | | ^a Simvastatin WA |
| | | | | | | | ^a Winthrop |
| | | | | | | | ^a Synthon ZT |
| | | | | | | | ^a Simvastatin |
| | | | | | | | ^a Terry White TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Simvastatin |

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 | |
|-------|---|-------------|-------------|---------|--|--|---|----|
| 9245N | Tablet 80 mg | 30 | 11 | .. | 29.89 | 31.00 | ^a Zimstat | AF |
| | | | | | | | ^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-DRLA | RZ |
| | | | | | | | ^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 Synthon Simvastatin | ZT |
| | | | | | | | ^a Terry White Chemists Simvastatin | TW |
| | | | | | | | ^a Zimstat | AF |
| | | | | | | | ^a Lipex 80 | FR |
| | | | | | | | ^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 | .. | 30.15 | 31.26 | Lipidil | AB |
| 9023X NP | Tablet 145 mg | 30 | 5 | .. | 41.85 | 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.

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 | |
|-------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 9246P | Tablet 48 mg | 60 | 11 | .. | 30.15 | 31.26 | Lipidil | AB |
| 9247Q | Tablet 145 mg | 30 | 11 | .. | 41.85 | 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 | .. | 22.14 | 23.25 | ^a Ausgem | QA |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Gemfibrozil | |
| | | | | | | | ^a Gemhexal | SZ |
| | | | | | | | ^a GenRx Gemfibrozil | GX |
| | | | | | | | ^a Jezil | GN |
| | | | | | | | ^a Lipazil 600 mg | GM |
| | | | | | | | ^a Lipigem | AF |
| | | | | | | | ^a Pharmacor | CR |
| | | | | | | | ^a Gemfibrozil 600 | |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Gemfibrozil | |
| | | | | ^B 1.98 | 24.12 | 23.25 | ^a Lopid | PF |

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 | .. | 22.14 | 23.25 | ^a Ausgem | QA |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Gemfibrozil | |
| | | | | | | | ^a Gemhexal | SZ |
| | | | | | | | ^a GenRx Gemfibrozil | GX |
| | | | | | | | ^a Jezil | GN |
| | | | | | | | ^a Lipazil 600 mg | GM |
| | | | | | | | ^a Lipigem | AF |
| | | | | | | | ^a Pharmacor | CR |
| | | | | | | | ^a Gemfibrozil 600 | |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Gemfibrozil | |
| | | | | ^B 1.98 | 24.12 | 23.25 | ^a Lopid | PF |

Bile acid sequestrants

CHOLESTYRAMINE

| | | | | | | | | |
|-------------|---|---|---|----|--------|-------|---------------|----|
| 2967E NP | Sachets 4.7 g (equivalent to 4 g cholestyramine), 50 | 2 | 5 | .. | *72.04 | 35.40 | Questran Lite | 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 |
|---|---|-------------|-------------|---------|--|--|-----------------------------|
| <hr/> | | | | | | | |
| CHOLESTYRAMINE | | | | | | | |
| <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. | | | | | | | |
| 9249T | Sachets 4.7 g (equivalent to 4 g cholestyramine), 50 | 2 | 11 | .. | *72.04 | 35.40 | Questran Lite QA |
| COLESTIPOL HYDROCHLORIDE | | | | | | | |
| 1224K NP | Sachets 5 g, 120 | 1 | 5 | .. | 85.14 | 35.40 | Colestid PF |

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 | .. | 85.14 | 35.40 | Colestid PF |
|-------|------------------|---|----|----|-------|-------|-------------|

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;

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 |
|--|---|-------------|-------------|---------|--|--|-----------------------------|
| 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. | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 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). | | | | | | | |
| <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. | | | | | | | |
| 8757X NP | Tablet 10 mg | 30 | 5 | .. | 71.07 | 35.40 | Ezetrol MK |

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 | .. | 88.89 | 35.40 | Vytorin | MK |
| 9484E NP | Tablet 10 mg-20 mg | 30 | 5 | .. | 96.69 | 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

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 | |
|--|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 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). | | | | | | | | |
| 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 NP | Tablet 10 mg-40 mg | 30 | 5 | .. | 107.95 | 35.40 | Vytorin | MK |
| 8882L NP | Tablet 10 mg-80 mg | 30 | 5 | .. | 124.07 | 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 | .. | 42.10 | 35.40 | ^a Cadatin 5/10 | FZ |
| | | | | | | | ^a Caduet 5/10 | PF |
| 9050H NP | Tablet 5 mg (base)-20 mg (base) | 30 | 5 | .. | 54.79 | 35.40 | ^a Cadatin 5/20 | FZ |
| | | | | | | | ^a Caduet 5/20 | PF |
| 9051J NP | Tablet 5 mg (base)-40 mg (base) | 30 | 5 | .. | 72.36 | 35.40 | ^a Cadatin 5/40 | FZ |
| | | | | | | | ^a Caduet 5/40 | PF |
| 9052K NP | Tablet 5 mg (base)-80 mg (base) | 30 | 5 | .. | 98.56 | 35.40 | ^a Cadatin 5/80 | FZ |
| | | | | | | | ^a Caduet 5/80 | PF |
| 9053L NP | Tablet 10 mg (base)-10 mg (base) | 30 | 5 | .. | 45.40 | 35.40 | ^a Cadatin 10/10 | FZ |
| | | | | | | | ^a Caduet 10/10 | PF |
| 9054M NP | Tablet 10 mg (base)-20 mg (base) | 30 | 5 | .. | 58.30 | 35.40 | ^a Cadatin 10/20 | FZ |
| | | | | | | | ^a Caduet 10/20 | PF |
| 9055N NP | Tablet 10 mg (base)-40 mg (base) | 30 | 5 | .. | 75.99 | 35.40 | ^a Cadatin 10/40 | FZ |
| | | | | | | | ^a Caduet 10/40 | PF |
| 9056P NP | Tablet 10 mg (base)-80 mg (base) | 30 | 5 | .. | 102.19 | 35.40 | ^a Cadatin 10/80 | FZ |
| | | | | | | | ^a Caduet 10/80 | 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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| | | | | | | ^a | 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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 | .. | *18.66 | 19.77 | Mycostatin | FM |
|-------------|---------------------------------|---|---|----|--------|-------|------------|----|

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 | .. | 18.41 | 19.52 | Nizoral 2% | JT |
| 9024Y NP | Cream 20 mg per g (2%), 30 g | ¥1 | 2 | .. | 23.22 | 24.33 | Nizoral 2% Cream | JT |
| 9025B NP | Shampoo 10 mg per g (1%), 100 mL | ¥1 | 1 | .. | 17.70 | 18.81 | 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 | .. | 19.57 | 20.68 | Daktarin | JT |
|-------------|-----------------------------------|----|---|----|-------|-------|----------|----|

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 | .. | *16.00 | 17.11 | Daktarin | JT |
| 9027D NP | Cream 20 mg per g (2%), 30 g | ¥1 | 2 | .. | 14.89 | 16.00 | Daktarin | JT |
| 9028E NP | Cream 20 mg per g (2%), 70 g | ¥1 | 1 | .. | 16.89 | 18.00 | Daktarin | JT |
| 9029F NP | Powder 20 mg per g (2%), 30 g | ¥1 | 2 | .. | 15.66 | 16.77 | Daktarin | JT |
| 9030G NP | Lotion 20 mg per mL (2%), 30 g | ¥1 | 2 | .. | 16.82 | 17.93 | 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 | .. | *37.46 | 35.40 | Lamisil | NC |
|-------------|--|---|---|----|--------|-------|---------|----|

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

Antifungals for systemic use

GRISEOFULVIN

| | | | | | | | | |
|-------------|---------------|-----|---|----|-------|-------|--------------|----|
| 1460W NP | Tablet 125 mg | 100 | 2 | .. | 25.97 | 27.08 | Grisovin | QA |
| 2982Y NP | Tablet 500 mg | 28 | 2 | .. | 27.09 | 28.20 | Grisovin 500 | QA |

TERBINAFINE

Authority required

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 | .. | .. | 69.30 | 35.40 | ^a GenRx Terbinafine | GX |
| | | | | | | | ^a Lamisil (Novartis Pharmaceuticals Australia Pty Limited) | NV |
| | | | | | | | ^a Sebifin 250 | RA |
| | | | | | | | ^a Tamsil | QA |
| | | | | | | | ^a Terbihexal | HX |
| | | | | | | | ^a Terbinafine 250 | CR |
| | | | | | | | ^a Terbinafine-DRLA | RZ |
| | | | | | | | ^a Terbinafine-GA | GM |
| | | | | | | | ^a Terbinafine Sandoz | SZ |
| | | | | | | | ^a Terbix 250 | MI |
| | | | | | | | ^a Tinasil | AF |

TERBINAFINE

Authority required

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.

Note

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

| | | | | | | | | |
|-------------|----------------------------------|----|---|----|-------|-------|---|----|
| 2804N NP | Tablet 250 mg (as hydrochloride) | 42 | 1 | .. | 69.30 | 35.40 | ^a GenRx Terbinafine | GX |
| | | | | | | | ^a Lamisil (Novartis Pharmaceuticals Australia Pty Limited) | NV |
| | | | | | | | ^a Sebifin 250 | RA |
| | | | | | | | ^a Tamsil | QA |
| | | | | | | | ^a Terbihexal | HX |
| | | | | | | | ^a Terbinafine 250 | CR |
| | | | | | | | ^a Terbinafine-DRLA | RZ |
| | | | | | | | ^a Terbinafine-GA | GM |
| | | | | | | | ^a Terbinafine Sandoz | SZ |
| | | | | | | | ^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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|----------------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |
| Antipsoriatics | | | | | | | |

Antipsoriatics for topical use

Tars

COAL TAR - PREPARED

| | | | | | | | | |
|-------------|------------------------------|---|---|----|-------|-------|--------|----|
| 8864M NP | Gel 10 mg per g (1%), 100 mL | 1 | 2 | .. | 33.18 | 34.29 | Exorex | GM |
|-------------|------------------------------|---|---|----|-------|-------|--------|----|

Other antipsoriatics for topical use

CALCIPOTRIOL

Restricted benefit

Chronic stable plaque type psoriasis 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.

| | | | | | | | | |
|-------------|--|---|---|----|-------|-------|----------|----|
| 2080L NP | Cream 50 micrograms per g (0.005%), 30 g | 1 | 1 | .. | 28.16 | 29.27 | Daivonex | LO |
|-------------|--|---|---|----|-------|-------|----------|----|

CALCIPOTRIOL with BETAMETHASONE DIPROPIONATE

Restricted benefit

Chronic stable plaque type psoriasis vulgaris in a patient who is not adequately controlled with either calcipotriol or potent topical corticosteroid monotherapy.

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.

| | | | | | | | | |
|-------------|---|---|---|----|-------|-------|----------|----|
| 9494Q NP | Ointment 50 micrograms-500 micrograms (base) per g (0.005%-0.05%), 30 g | 1 | 1 | .. | 41.99 | 35.40 | Daivobet | LO |
|-------------|---|---|---|----|-------|-------|----------|----|

CALCIPOTRIOL with BETAMETHASONE DIPROPIONATE

Restricted benefit

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.

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.

| | | | | | | | | |
|-------------|--|---|---|----|-------|-------|---------------------|----|
| 5276Q NP | Gel 50 micrograms-500 micrograms (base) per g (0.005%-0.05%), 30 g | 1 | 1 | .. | 41.99 | 35.40 | Daivobet 50/500 gel | LO |
|-------------|--|---|---|----|-------|-------|---------------------|----|

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 | .. | 205.87 | 35.40 | Neotigason | TA |
| 2020H | Capsule 25 mg | 100 | 2 | .. | 393.31 | 35.40 | Neotigason | TA |

Dermatologicals

| 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 \$ | |
| 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 | .. | .. | 19.25 | 20.36 | Flamazine | SN |
|-------------|------------------------------|----|----|----|-------|-------|-----------|----|

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 | .. | 8.66 | 9.77 | ^a Cortic-DS 1% | FM |
| | | | | ^B 2.70 | 11.36 | 9.77 | ^a Sigmacort | QA |
| 2882Q NP | Topical ointment 10 mg per g (1%), 50 g | ‡1 | 1 | .. | 8.66 | 9.77 | ^a Cortic-DS 1% | FM |
| | | | | ^B 2.70 | 11.36 | 9.77 | ^a Sigmacort | QA |
| 2887Y NP | Cream 10 mg per g (1%), 30 g | ‡1 | 1 | .. | 8.99 | 10.10 | ^a Cortic-DS 1% | FM |
| | | | | ^B 2.69 | 11.68 | 10.10 | ^a Sigmacort | QA |
| 2888B NP | Topical ointment 10 mg per g (1%), 30 g | ‡1 | 1 | .. | 8.99 | 10.10 | ^a Cortic-DS 1% | FM |
| | | | | ^B 2.69 | 11.68 | 10.10 | ^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 | .. | .. | *14.50 | 15.61 | ^a Tricortone | FM |
| | | | | ^B 3.78 | *18.28 | 15.61 | ^a Aristocort 0.02% | QA |
| 2118L NP | Ointment 200 micrograms per g (0.02%), 100 g | 2 | .. | .. | *14.50 | 15.61 | ^a Tricortone | FM |
| | | | | ^B 3.78 | *18.28 | 15.61 | ^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 NP | Cream 500 micrograms (base) per g (0.05%), 15 g | ‡1 | 1 | .. | 13.24 | 14.35 | ^a Eleuphrat | FR |
| | | | | ^B 2.45 | 15.69 | 14.35 | ^a Diprosone | MK |
| 1119X NP | Ointment 500 micrograms (base) per g (0.05%), 15 g | ‡1 | 1 | .. | 13.24 | 14.35 | ^a Eleuphrat | FR |
| | | | | ^B 2.45 | 15.69 | 14.35 | ^a Diprosone | MK |

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 | | |
|--|---|-------------|-------------|-------------------|--|--|-----------------------------|----------|----|
| 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. | | | | | | | | | |
| 1913Q NP | Cream 1 mg per g (0.1%), 15 g | ‡1 | .. | .. | 14.02 | 15.13 | ^a | Novasone | FR |
| | | | | ^B 2.45 | 16.47 | 15.13 | ^a | Elocon | MK |
| 1915T NP | Ointment 1 mg per g (0.1%), 15 g | ‡1 | .. | .. | 14.02 | 15.13 | ^a | Novasone | FR |
| | | | | ^B 2.45 | 16.47 | 15.13 | ^a | Elocon | MK |
| 8043H NP | Lotion 1 mg per g (0.1% w/w), 30 mL | ‡1 | .. | .. | 18.33 | 19.44 | ^a | Novasone | FR |
| | | | | ^B 2.45 | 20.78 | 19.44 | ^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 | .. | 37.02 | 35.40 | Epiduo | GA |
|-------|--|-----|---|----|-------|-------|--------|----|

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 | .. | 37.02 | 35.40 | Epiduo | GA |
|-------------|--|-----|---|----|-------|-------|--------|----|

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.

Authority required (STREAMLINED)

1354

Severe cystic acne not responsive to other therapy.

| | | | | | | | | |
|-------|---------------|----|---|----|--------|-------|---------------------------------|----|
| 2549E | Capsule 40 mg | 30 | 3 | .. | 91.12 | 35.40 | Oratane | GM |
| 2591J | Capsule 10 mg | 60 | 3 | .. | 66.66 | 35.40 | ^a APO-Isotretinoin | TX |
| | | | | | | | ^a Oratane | GM |
| | | | | | | | ^a Roaccutane | RO |
| | | | | | | | ^a Rocta 10 | QA |
| 2592K | Capsule 20 mg | 60 | 3 | .. | 100.25 | 35.40 | ^a APO-Isotretinoin | TX |
| | | | | | | | ^a GenRx Isotretinoin | GX |
| | | | | | | | ^a Oratane | GM |
| | | | | | | | ^a Roaccutane | RO |
| | | | | | | | ^a Rocta 20 | QA |

Dermatologicals

| 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 \$ | |
| 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 | .. | 33.89 | 35.00 | Elidel | HM |
|-------|------------------------------|---|---|----|-------|-------|--------|----|

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 | .. | 113.94 | 35.40 | Link Medical Products Pty Ltd | LM |
| 8801F NP | Tablet 25 mg | 100 | 1 | .. | 100.68 | 35.40 | Link Medical Products Pty Ltd | LM |

IMIQUIMOD

Authority required

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.

Note

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 | .. | 160.05 | 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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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 | .. | .. | 266.32 | 35.40 | Mirena | BN |
|-------------|--|---|----|----|--------|-------|--------|----|

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 | .. | .. | 19.02 | 20.13 | ^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.

Note

For item codes 1443Y and 1559C, pharmaceutical benefits that have the form tablet 2.5 mg (base) are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------|----------------------|----|---|----|--------|-------|--------------------------|----|
| 1443Y | Tablet 2.5 mg (base) | 60 | 5 | .. | *31.52 | 32.63 | ^a Parlodel | NV |
| 1559C | Tablet 2.5 mg (base) | 60 | 5 | .. | 31.52 | 32.63 | ^a Kripton 2.5 | AF |

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.

| | | | | | | | | |
|-------|----------------------|-----|---|----|--------|-------|------------|----|
| 1445C | Capsule 10 mg (base) | 100 | 5 | .. | 148.56 | 35.40 | Kripton 10 | AF |
|-------|----------------------|-----|---|----|--------|-------|------------|----|

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 | |
|---|--|-------------|-------------|---------|--|--|-----------------------------|----|
| 1446D | Capsule 5 mg (base) | 60 | 5 | .. | 48.38 | 35.40 | Kripton 5 | AF |
| CABERGOLINE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Prevention of the onset of lactation in the puerperium for medical reasons. | | | | | | | | |
| 8115D NP | Tablet 500 micrograms | 2 | .. | .. | 23.82 | 24.93 | ^a Dostan | GM |
| | | | | | | | ^a Dostinex | PF |
| CABERGOLINE | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 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. | | | | | | | | |
| 8114C | Tablet 500 micrograms | 8 | 5 | .. | 65.17 | 35.40 | ^a Dostan | GM |
| | | | | | | | ^a Dostinex | PF |
| | | | | | | | ^a Tinexa | QA |
| QUINAGOLIDE HYDROCHLORIDE | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 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 | .. | 54.89 | 35.40 | Norprolac | FP |
| 8860H | Pack containing 3 tablets 25 micrograms (base) and 3 tablets 50 micrograms (base) | ±1 | .. | .. | 11.57 | 12.68 | 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 | .. | 17.09 | 18.20 | ^b Monofeme 28 | FZ |
| | | | | | | | ^a Levlen ED | SY |
| | | | | ^B 13.55 | 30.64 | 18.20 | ^b Nordette 28 | PF |
| | | | | ^B 13.59 | 30.68 | 18.20 | ^a Microgynon 30 ED | BN |
| 1456P NP | Pack containing 21 tablets 125 micrograms- 50 micrograms and 7 inert tablets | 4 | 2 | .. | 17.09 | 18.20 | Microgynon 50 ED | BN |
| NORETHISTERONE with ETHINYLOESTRADIOL | | | | | | | | |
| 2774B NP | Pack containing 21 tablets 500 micrograms- 35 micrograms and 7 inert tablets | 4 | 2 | .. | *16.56 | 17.67 | ^a Norimin 28 Day | FZ |
| | | | | ^B 7.68 | *24.24 | 17.67 | ^a Brevinor | PF |

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 | |
|--|---|-------------|-------------|--------------------|--|--|-----------------------------|----|
| 2775C NP | Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets | 4 | 2 | .. | *16.56 | 17.67 ^a | Norimin-1 28 Day | FZ |
| | | | | ^B 7.68 | *24.24 | 17.67 ^a | Brevinor-1 | PF |
| NORETHISTERONE with MESTRANOL | | | | | | | | |
| 3179H NP | Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets | 4 | 2 | .. | *16.56 | 17.67 | 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 | .. | 17.09 | 18.20 ^b | Trifeme 28 | FZ |
| | | | | | | | ^a Logynon ED | SY |
| | | | | ^B 13.55 | 30.64 | 18.20 ^b | Triphasil 28 | PF |
| | | | | ^B 13.59 | 30.68 | 18.20 ^a | Triquilar ED | BN |
| NORETHISTERONE with ETHINYLOESTRADIOL | | | | | | | | |
| 2776D NP | Pack containing 12 tablets 500 micrograms- 35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets | 4 | 2 | .. | *16.56 | 17.67 | Improvil 28 Day | FZ |
| Progestogens | | | | | | | | |
| ETONOGESTREL | | | | | | | | |
| 8487Q NP,MW | Subcutaneous implant 68 mg | 1 | .. | .. | 216.02 | 35.40 | Implanon NXT | MK |
| LEVONORGESTREL | | | | | | | | |
| 2913H NP,MW | Tablets 30 micrograms, 28 | 4 | 2 | .. | 17.42 | 18.53 | Microlut 28 | BN |
| MEDROXYPROGESTERONE ACETATE | | | | | | | | |
| 3118D NP | Injection 150 mg in 1 mL | 1 | 1 | .. | 21.39 | 22.50 ^a | Depo-Ralovera | FZ |
| | | | | ^B 3.20 | 24.59 | 22.50 ^a | Depo-Provera | PF |
| NORETHISTERONE | | | | | | | | |
| 1967M NP | Tablets 350 micrograms, 28 | 4 | 2 | .. | *16.56 | 17.67 ^a | Locilan 28 Day | FZ |
| | | | | | | | Micronor | JC |
| | | | | ^B 3.88 | *20.44 | 17.67 ^a | Noriday 28 Day | PF |

Androgens

3-oxoandrostens (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 | .. | .. | *209.68 | 35.40 | Merck Sharp & Dohme (Australia) Pty Ltd | MK |
|-------|-----------------------------|---|----|----|---------|-------|--|----|

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 | |
|-------|--|-------------|-------------|---------|--|--|--|----|
| 8099G | Subcutaneous implant 200 mg | 3 | .. | .. | *209.65 | 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 | .. | 95.94 | 35.40 | Androderm | HH |
| 8619P | Transdermal patches 24.3 mg (releasing approximately 5 mg per 24 hours), 30 | ¥1 | 5 | .. | 95.94 | 35.40 | Androderm | HH |
| 8830R | Transdermal gel 50 mg in 5 g sachet, 30 | ¥1 | 5 | .. | 95.22 | 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);

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 | .. | 33.58 | 34.69 | 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 | .. | 37.63 | 35.40 | Andriol Testocaps | MK |
| 9004X | I.M. injection 1,000 mg in 4 mL | 1 | 1 | .. | 147.51 | 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.

| | | | | | | | | |
|-------------|---|----|---|----|-------|-------|------------------|----|
| 8125P NP | Transdermal patches 3.8 mg (releasing approximately 50 micrograms per 24 hours), 4 | ¥1 | 5 | .. | 17.19 | 18.30 | Climara 50 | BN |
| 8126Q NP | Transdermal patches 7.6 mg (releasing approximately 100 micrograms per 24 hours), 4 | ¥1 | 5 | .. | 19.23 | 20.34 | Climara 100 | BN |
| 8140K NP | Transdermal patches 1.5 mg (releasing approximately 50 micrograms per 24 hours), 8 | ¥1 | 5 | .. | 17.19 | 18.30 | Estraderm MX 50 | NV |
| 8286D NP | Transdermal gel 1 mg in 1 g sachet, 28 | ¥1 | 5 | .. | 17.19 | 18.30 | Sandrena | AS |
| 8311K NP | Transdermal patches 750 micrograms (releasing approximately 25 micrograms per 24 hours), 8 | ¥1 | 5 | .. | 17.19 | 18.30 | Estraderm MX 25 | NV |
| 8312L NP | Transdermal patches 3 mg (releasing approximately 100 micrograms per 24 hours), 8 | ¥1 | 5 | .. | 19.23 | 20.34 | Estraderm MX 100 | NV |
| 8485N NP | Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 4 | ¥1 | 5 | .. | 17.19 | 18.30 | Climara 25 | BN |
| 8486P NP | Transdermal patches 5.7 mg (releasing approximately 75 micrograms per 24 hours), 4 | ¥1 | 5 | .. | 19.23 | 20.34 | Climara 75 | BN |
| 8761D NP | Transdermal patches 390 micrograms (releasing approximately 25 micrograms per 24 hours), 8 | ¥1 | 5 | .. | 17.19 | 18.30 | Estradot 25 | NV |
| 8762E NP | Transdermal patches 585 micrograms (releasing approximately 37.5 micrograms per 24 hours), | ¥1 | 5 | .. | 17.19 | 18.30 | Estradot 37.5 | NV |

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 | |
|-------------|--|-------------|-------------|---------|--|--|-----------------------------|----|
| | 8 | | | | | | | |
| 8763F NP | Transdermal patches 780 micrograms (releasing approximately 50 micrograms per 24 hours), 8 | ¥1 | 5 | .. | 17.19 | 18.30 | Estradot 50 | NV |
| 8764G NP | Transdermal patches 1.17 mg (releasing approximately 75 micrograms per 24 hours), 8 | ¥1 | 5 | .. | 19.23 | 20.34 | Estradot 75 | NV |
| 8765H NP | Transdermal patches 1.56 mg (releasing approximately 100 micrograms per 24 hours), 8 | ¥1 | 5 | .. | 19.23 | 20.34 | 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.

| | | | | | | | | |
|-------------|-----------------------------------|----|---|----|-------|-------|---------|----|
| 1742Q NP | Vaginal tablets 25 micrograms, 15 | ¥1 | 2 | .. | 26.88 | 27.99 | Vagifem | NO |
| 8274L NP | Tablet 2 mg | 56 | 2 | .. | 13.65 | 14.76 | 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 | .. | 11.78 | 12.89 | Progynova | BN |
| 1664N NP | Tablet 2 mg | 56 | 2 | .. | 14.00 | 15.11 | 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 | .. | 21.36 | 22.47 | Ovestin Ovula | MK |
| 1781R NP | Vaginal cream 1 mg per g (0.1%), 15 g | ¥1 | 1 | .. | 19.19 | 20.30 | 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 | .. | 15.40 | 16.51 | ^a Medroxyprogesterone Sandoz | SZ |
| | | | | | | | ^a Ralovera | FZ |
| | | | | ^B 1.95 | 17.35 | 16.51 | ^a Provera | PF |
| 2323G NP | Tablet 5 mg | 56 | 2 | .. | 14.79 | 15.90 | ^a Ralovera | FZ |
| | | | | ^B 1.95 | 16.74 | 15.90 | ^a Provera | PF |

MEDROXYPROGESTERONE ACETATE

Restricted benefit

Endometriosis.

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 \$ | |
| 2722G | Tablet 10 mg | 100 | 2 | .. | 30.80 | 31.91 ^a | Ralovera FZ |
| | | | | ^B 1.95 | 32.75 | 31.91 ^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 | .. | 32.06 | 33.17 | Primolut N | BN |
|-------------|-------------|----|---|----|-------|-------|------------|----|

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 | .. | 19.23 | 20.34 | 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 | .. | 19.23 | 20.34 | 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 | .. | 18.86 | 19.97 | Femoston 2/10 | AB |
|-------------|---|----|---|----|-------|-------|---------------|----|

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 | .. | 19.23 | 20.34 | 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 | .. | 19.23 | 20.34 | Estalis sequi 50/250 | NV |

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 \$ | |

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.

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.

| | | | | | | | | |
|-------|--|---|---|----|----------|-------|-------------|----|
| 8713N | Injection 300 i.u. in 0.5 mL multi-dose cartridge | 3 | 5 | .. | *563.53 | 35.40 | Gonal-f Pen | SG |
| 8714P | Injection 450 i.u. in 0.75 mL multi-dose cartridge | 3 | 5 | .. | *842.02 | 35.40 | Gonal-f Pen | SG |
| 8715Q | Injection 900 i.u. in 1.5 mL multi-dose cartridge | 2 | 5 | .. | *1115.34 | 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 | .. | *563.53 | 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 | .. | *749.18 | 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 | .. | *1115.32 | 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;

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 | |
| | | | | | \$ | \$ | |
| | 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. | | | | | | |
| | <u>Restricted benefit</u> | | | | | | |
| | 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 | .. | 53.57 | 35.40 | Pregnyl MK |

Ovulation stimulants, synthetic

CLOMIPHENE CITRATE

Note

Care must be taken to comply with the provisions of State/Territory law when prescribing clomiphene citrate.

Restricted benefit

Anovulatory infertility;

Patients undergoing in-vitro fertilisation.

| | | | | | | | | |
|-------|--------------|----|---|----|-------|-------|---|----------|
| 1211R | Tablet 50 mg | 10 | 5 | .. | 34.61 | 35.40 | ^a Clomid ^a 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 | .. | 44.39 | 35.40 | ^a Cyprocur 50 ^a Cyprohexal ^a Cyprone ^a Cyprostat ^a GenRx Cyproterone Acetate ^a Procur | QA SZ AF SY GX GM |
| | | | | ^B 2.50 | 46.89 | 35.40 | ^a Androcur | BN |

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 | .. | *167.42 | 35.40 | ^a Cyprocur 50 ^a Cyprohexal ^a Cyprone ^a Cyprostat ^a GenRx Cyproterone Acetate ^a Procur | QA SZ AF SY GX GM |
| | | | | ^B 2.62 | *170.04 | 35.40 | ^a Androcur | BN |
| 8019C | Tablet 100 mg | 50 | 5 | .. | 136.87 | 35.40 | ^a Cyprocur 100 ^a Cyprohexal ^a Cyprostat-100 | QA SZ 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 | |
|------|---|-------------|-------------|-------------------|--|--|---|----|
| | | | | | | | ^a GenRx Cyproterone Acetate | GX |
| | | | | | | | ^a Procur 100 | GM |
| | | | | ^B 1.31 | 138.18 | 35.40 | ^a Androcur-100 | BN |

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;

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 | .. | 58.68 | 35.40 | Azol 100 | AF |
| 1287R | Capsule 200 mg | 100 | 5 | .. | 87.07 | 35.40 | Azol 200 | AF |

GESTRINONE

Authority required (STREAMLINED)

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 | .. | 81.91 | 35.40 | Dimetiose | 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 | .. | 57.97 | 35.40 | Evista | LY |
|-------------|--------------|----|---|----|-------|-------|--------|----|

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 | .. | 35.33 | 35.40 | Oxytrol | HH |
|-------------|--|----|---|----|-------|-------|---------|----|

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 |
|----------------------------------|---|-------------|-------------|---------|--|--|-----------------------------|
| OXYBUTYNIN HYDROCHLORIDE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Detrusor overactivity. | | | | | | | |
| 8039D NP | Tablet 5 mg | 100 | 5 | .. | 14.48 | 15.59 ^a | Ditropan SW |
| | | | | | | ^a | Oxybutynin Sandoz SZ |
| | | | | | | ^a | Oxybutynin Winthrop WA |
| PROPANTHELINE BROMIDE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Detrusor overactivity. | | | | | | | |
| 1953T NP | Tablet 15 mg | 200 | 5 | .. | *26.56 | 27.67 | Pro-Banthine QA |

Other urologicals

| | | | | | | | |
|--|---------------------|-----|---|----|---------|-------|---------------|
| PHENOXYBENZAMINE HYDROCHLORIDE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Pheochromocytoma; | | | | | | | |
| 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 | .. | *205.00 | 35.40 | Dibenylne GH |
| 1862B NP | Capsule 10 mg | 100 | 5 | .. | 67.46 | 35.40 | Dibenylne GH |
| 9286R NP | Capsules 10 mg, 100 | ±1 | 5 | .. | 1164.57 | 35.40 | Dibenzylne BZ |
| SODIUM BICARBONATE | | | | | | | |
| 9470K NP | Capsule 840 mg | 100 | 2 | .. | 14.10 | 15.21 | Sodibic AS |

Drugs used in benign prostatic hypertrophy

Alpha-adrenoreceptor antagonists

| | | | | | | | |
|--|--|----|---|----|-------|-------|------------------------|
| DUTASTERIDE with TAMSULOSIN | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 3687 | | | | | | | |
| Treatment of lower urinary tract symptoms due to benign prostatic hyperplasia where treatment has been initiated by a urologist. | | | | | | | |
| <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. | | | | | | | |
| 5490Y NP | Capsule containing dutasteride 500 micrograms with tamsulosin hydrochloride 400 micrograms | 30 | 5 | .. | 35.39 | 35.40 | Duodart 500ug/400ug GK |

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.

Genito urinary system and sex hormones

| 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 \$ | |
| 5468T NP | Capsule 500 micrograms | 30 | 5 | .. | 30.53 | 31.64 | Avodart GK |

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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

Systemic hormonal preparations, excl. sex hormones and insulins

Pituitary and hypothalamic hormones and analogues

Anterior pituitary lobe hormones and analogues

ACTH

| | | | | | | | |
|-----------------------|------------------------|---|---|----|--------|-------|---------------------------------|
| TETRACOSACTRIN | | | | | | | |
| 2832C | Injection 1 mg in 1 mL | 5 | 5 | .. | *71.37 | 35.40 | Synacthen Depot 1 mg/1 mL NV |

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 | .. | .. | 1901.52 | 35.40 | Thyrogen GZ |
|-------|--------------------------------|---|----|----|---------|-------|-------------|

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 | .. | *161.27 | 35.40 | Minirin FP |
| 8662X | Tablet 200 micrograms | 90 | 5 | .. | *180.01 | 35.40 | Minirin FP |
| 8711L | Nasal spray (pump pack) 10 micrograms per actuation, 60 actuations, 6 mL | 2 | 5 | .. | *161.14 | 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 | .. | 64.35 | 35.40 | Minirin 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.

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 | |
|--|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 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 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 | .. | 116.04 | 35.40 | Minirin Melt | FP |
| 9398P NP | Wafer 120 micrograms (base) | 30 | 5 | .. | 70.95 | 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 | .. | 83.83 | 35.40 | Minirin Nasal Spray | FP |
|-------------|--|---|---|----|-------|-------|---------------------|----|

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 | .. | 95.61 | 35.40 | Synarel | PF |
|-------|--|---|---|----|-------|-------|---------|----|

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 | .. | *46.60 | 35.40 | Florinef | QA |
|-------------|-----------------------|-----|---|----|--------|-------|----------|----|

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 | .. | .. | 25.10 | 26.21 | 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 | .. | 15.40 | 16.51 | Cortate | AS |
| 1247P NP | Tablet 25 mg | 60 | 4 | .. | 17.84 | 18.95 | 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 | .. | 8.94 | 10.05 | Dexamethsone | AS |
| 2507Y NP | Tablet 4 mg | 30 | 4 | .. | 12.50 | 13.61 | 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 | .. | 24.30 | 25.41 ^a | Dexamethsone | AS |
| | | | | | | ^a | Hospira Pty Limited | HH |
| 2509C NP | Injection equivalent to 4 mg dexamethasone phosphate in 1 mL | 5 | .. | .. | 16.32 | 17.43 ^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 | .. | 23.15 | 24.26 | Hysone 4 | AF |
| 1500Y NP | Tablet 20 mg | 60 | 4 | .. | 30.26 | 31.37 | Hysone 20 | AF |
| | HYDROCORTISONE SODIUM SUCCINATE | | | | | | | |
| 1501B NP | Injection equivalent to 100 mg hydrocortisone with 2 mL solvent | 2 | .. | .. | *16.62 | 17.73 | Solu-Cortef | PF |
| 3096Y NP | Injection equivalent to 250 mg hydrocortisone with 2 mL solvent | 1 | .. | .. | 15.64 | 16.75 | 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 | .. | .. | *36.82 | 35.40 | Solu-Cortef | PF |
| 1511M NP | Injection equivalent to 250 mg hydrocortisone with 2 mL solvent | 6 | .. | .. | *58.84 | 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 | .. | .. | 30.57 | 31.68 ^a | Solu-Medrol | PF |
| 5263B NP | Powder for injection 40 mg (as sodium succinate) | 5 | .. | .. | 30.57 | 31.68 ^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 | .. | .. | 79.79 | 35.40 ^a | Methylpred | AS |
| | | | | | | ^a | Methylprednisolone Alphapharm | AF |
| 8834Y NP | Powder for injection 1 g (as sodium succinate) with diluent | 1 | .. | .. | 79.79 | 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 | .. | .. | 21.48 | 22.59 ^a | Depo-Nisolone | FZ |
| | | | | ^B 0.96 | 22.44 | 22.59 ^a | Depo-Medrol | PF |
| PREDNISOLONE | | | | | | | | |
| 1916W NP | Tablet 25 mg | 30 | 4 | .. | 10.23 | 11.34 | Panafcortelone | AS |
| | | | | | | | Solone | VT |
| 1917X NP | Tablet 5 mg | 60 | 4 | .. | 8.58 | 9.69 | Panafcortelone | AS |
| | | | | | | | Solone | VT |
| 3152X NP | Tablet 1 mg | 100 | 4 | .. | 8.43 | 9.54 ^a | Predsolone | LN |
| | | | | ^B 0.44 | 8.87 | 9.54 ^a | Panafcortelone | AS |
| PREDNISOLONE SODIUM PHOSPHATE | | | | | | | | |
| 8285C NP | Oral solution equivalent to 5 mg prednisolone per mL, 30 mL | ‡1 | 5 | .. | 14.80 | 15.91 ^a | PredMix | LN |
| | | | | ^B 2.36 | 17.16 | 15.91 ^a | Redipred | AS |
| PREDNISONE | | | | | | | | |
| 1934T NP | Tablet 1 mg | 100 | 4 | .. | 8.96 | 10.07 ^a | Predsone | LN |
| | | | | ^B 0.61 | 9.57 | 10.07 ^a | Panafcort | AS |
| 1935W NP | Tablet 5 mg | 60 | 4 | .. | 9.28 | 10.39 | 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 | |
|--|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 1936X NP | Tablet 25 mg | 30 | 4 | .. | 11.51 | 12.62 | Sone | VT |
| | | | | | | | Panafcort | AS |
| | | | | | | | Sone | VT |
| TRIAMCINOLONE ACETONIDE Restricted benefit 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. | | | | | | | | |
| 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. | | | | | | | | |
| 2990J NP | Injection 10 mg in 1 mL | 5 | .. | .. | 25.10 | 26.21 | 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 | .. | 83.63 | 35.40 | Tertroxin | QA |
|-------------|----------------------|-----|---|----|-------|-------|-----------|----|

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 | .. | 27.11 | 28.22 ^a | Eutroxig | FM |
| | | | | ^B 2.21 | 29.32 | 28.22 ^a | Oroxine | QA |
| 2174K NP | Tablet equivalent to 50 micrograms anhydrous thyroxine sodium | 200 | 1 | .. | 23.47 | 24.58 ^a | Eutroxig | FM |
| | | | | ^B 2.21 | 25.68 | 24.58 ^a | Oroxine | QA |
| 2175L | Tablet equivalent to 100 micrograms anhydrous | 200 | 1 | .. | 24.08 | 25.19 ^a | Eutroxig | FM |

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 | thyroxine sodium | | | | | | |
| | | | | ^B 2.21 | 26.29 | 25.19 ^a | Oroxine QA |
| 9287T | Tablet equivalent to 75 micrograms anhydrous | 200 | 1 | .. | 24.12 | 25.23 ^a | Eutroxsig FM |
| NP | thyroxine sodium | | | ^B 2.27 | 26.39 | 25.23 ^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 | Tablet 50 mg | 200 | 2 | .. | *49.74 | 35.40 | PTU | PL |
|-------|--------------|-----|---|----|--------|-------|-----|----|

NP

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 | Tablet 5 mg | 200 | 2 | .. | *31.14 | 32.25 | Neo-Mercazole | LM |
|-------|-------------|-----|---|----|--------|-------|---------------|----|

NP

Pancreatic hormones

Glycogenolytic hormones

Glycogenolytic hormones

GLUCAGON HYDROCHLORIDE

| | | | | | | | | |
|-------|---|---|---|----|-------|-------|------------------|----|
| 1449G | Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe | 1 | 1 | .. | 45.73 | 35.40 | GlucaGen Hypokit | NO |
|-------|---|---|---|----|-------|-------|------------------|----|

NP

Calcium homeostasis

Parathyroid hormones and analogues

Parathyroid hormones and analogues

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,

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 |
|------|--|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| | 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 |
|-------|--|---|---|----|--------|-------|--------|----|

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 | .. | *207.76 | 35.40 | Miacalcic 50 | NV |
| 2997R NP | Injection 100 i.u. in 1 mL | 15 | 5 | .. | *161.23 | 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.

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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 | .. | 343.70 | 35.40 | Sensipar | AN |
| 9158B NP | Tablet 60 mg (as hydrochloride) | 28 | 5 | .. | 670.42 | 35.40 | Sensipar | AN |
| 9159C NP | Tablet 90 mg (as hydrochloride) | 28 | 5 | .. | 1002.37 | 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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 NP | Tablet 100 mg (as hydrochloride) | 7 | 1 | .. | 8.46 | 9.57 | ^a Doxsig | QA |
| | | | | | | | ^a Doxy-100 | GM |
| | | | | | | | ^a Doxylin 100 | AF |
| 9105F NP | Tablet 100 mg (as monohydrate) | 7 | 1 | .. | 8.46 | 9.57 | ^a Chem mart Doxycycline | CH |
| | | | | | | | ^a Doxyhexal | SZ |
| | | | | | | | ^a GenRx Doxycycline | GX |
| | | | | | | | ^a Terry White Chemists Doxycycline | TW |

DOXYCYCLINE

| | | | | | | | | |
|-------------|-----------------------------------|---|---|-------------------|-------|------|--|----|
| 2708M NP | Capsule 100 mg (as hydrochloride) | 7 | 1 | .. | 8.46 | 9.57 | ^a Mayne Pharma Doxycycline | YT |
| | | | | ^B 2.86 | 11.32 | 9.57 | ^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 NP | Tablet 50 mg (as hydrochloride) | 25 | 5 | .. | 9.98 | 11.09 | ^a Doxy-50 | GM |
| | | | | | | | ^a Doxylin 50 | AF |
| | | | | ^B 1.95 | 11.93 | 11.09 | ^a Vibra-Tabs | PF |
| 9106G NP | Tablet 50 mg (as monohydrate) | 25 | 5 | .. | 9.98 | 11.09 | ^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 | .. | 9.98 | 11.09 | ^a | Mayne Pharma Doxycycline | YT |
| | | | | ^B 2.91 | 12.89 | 11.09 | ^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 | .. | .. | *14.28 | 15.39 | ^a | Doxsig | QA |
| | | | | | | | ^a | Doxy-100 | GM |
| | | | | | | | ^a | Doxylin 100 | AF |
| 9107H NP | Tablet 100 mg (as monohydrate) | 28 | .. | .. | *14.28 | 15.39 | ^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 | .. | .. | *14.28 | 15.39 | ^a | Mayne Pharma Doxycycline | YT |
| | | | | ^B 11.44 | *25.72 | 15.39 | ^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. | | | | | | | | | |
| 1800R NP | Tablet 100 mg (as monohydrate) | 21 | .. | .. | 12.35 | 13.46 | ^a | GenRx Doxycycline | GX |
| 2714W NP | Tablet 100 mg (as hydrochloride) | 21 | .. | .. | *12.34 | 13.45 | ^a | Doxsig | QA |
| | | | | | | | ^a | Doxy-100 | GM |
| | | | | | | | ^a | Doxylin 100 | AF |
| 9108J NP | Tablet 100 mg (as monohydrate) | 21 | .. | .. | *12.34 | 13.45 | ^a | Chem mart | CH |
| | | | | | | | ^a | Doxycycline | |
| | | | | | | | ^a | Doxyhexal | SZ |
| | | | | | | | ^a | Terry White Chemists Doxycycline | TW |
| <hr/> | | | | | | | | | |
| DOXYCYCLINE | | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | | |
| Urethritis. | | | | | | | | | |
| 2715X | Capsule 100 mg (as hydrochloride) | 21 | .. | .. | 12.32 | 13.43 | ^a | Mayne Pharma | 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 |
|------|---|-------------|-------------|---------|--|--|--|-----------------------------|
| NP | | | | | | | | |

Doxycycline
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 | Tablet 50 mg | 60 | 5 | .. | 15.15 | 16.26 | ^a | Akamin 50 AF |
| NP | | | | ^B 1.89 | 17.04 | 16.26 | ^a | Minomycin-50 QA |

Beta-lactam antibacterials, penicillins

Penicillins with extended spectrum

AMOXYCILLIN

| | | | | | | | | |
|-------|--|----|---|-------------------|--------|-------|--------------|-----------------------|
| 1884E | Capsule 250 mg | 20 | 1 | .. | 7.83 | 8.94 | ^a | Alphamox 250 AF |
| NP,MW | | | | | | | ^a | Amoxycillin-GA GM |
| | | | | | | | ^a | Amoxycillin-PS FZ |
| | | | | | | | ^a | Amoxycillin RA |
| | | | | | | | ^a | Ranbaxy |
| | | | | | | | ^a | Amoxycillin Sandoz SZ |
| | | | | | | | ^a | APO-Amoxycillin TX |
| | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Amoxycillin |
| | | | | | | | ^a | Cilamox QA |
| | | | | | | | ^a | GenRx Amoxycillin GX |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | ^B 0.88 | 8.71 | 8.94 | ^a | Amoxycillin |
| | | | | | | | ^a | Amoxil GK |
| 1886G | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | 1 | .. | #10.30 | 11.75 | ^a | Alphamox 125 AF |
| NP | | | | | | | ^a | Amoxycillin Sandoz SZ |
| | | | | | | | ^a | Bgramin GM |
| | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Amoxycillin |
| | | | | | | | ^a | GenRx Amoxycillin GX |
| | | | | | | | ^a | Ranmoxy RA |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | ^B 0.89 | #11.19 | 11.75 | ^a | Amoxil GK |
| 1887H | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | 1 | .. | #10.81 | 12.26 | ^a | Alphamox 250 AF |
| NP | | | | | | | ^a | Amoxycillin Sandoz SZ |
| | | | | | | | ^a | Bgramin GM |
| | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Amoxycillin |
| | | | | | | | ^a | Cilamox QA |
| | | | | | | | ^a | GenRx Amoxycillin GX |
| | | | | | | | ^a | Ranmoxy RA |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | | | | ^a | Amoxycillin |

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 | ^B 0.87 | #11.68 | 12.26 | ^a Amoxil Forte GK |
| | | | | .. | 9.13 | 10.24 | ^a Alphamox 500 AF |
| | | | | | | | ^a Amoxycillin-GA GM |
| | | | | | | | ^a Amoxycillin generichealth 500 GQ |
| | | | | | | | ^a Amoxycillin-PS FZ |
| | | | | | | | ^a Amoxycillin Ranbaxy RA |
| | | | | | | | ^a Amoxycillin Sandoz SZ |
| | | | | | | | ^a APO-Amoxycillin TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Amoxycillin Cilamox QA |
| | | | | | | | ^a GenRx Amoxycillin GX |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Amoxycillin GK |
| 8705E <i>NP</i> | Powder for oral suspension 500 mg per 5 mL, 100 mL | #1 | 1 | ^B 0.89 | 10.02 | 10.24 | ^a Amoxil GK |
| | | | | .. | #12.67 | 14.12 | Maxamox SZ |
| AMOXYCILLIN | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Acute exacerbations of chronic bronchitis. | | | | | | | |
| 8581P <i>NP</i> | Tablet 1 g | 14 | 1 | .. | 9.21 | 10.32 | ^a Amoxycillin Sandoz BG |
| | | | | ^B 0.73 | 9.94 | 10.32 | ^a Maxamox SZ |
| AMPICILLIN | | | | | | | |
| 2390T <i>NP</i> | Powder for injection 500 mg | 5 | 1 | .. | 10.95 | 12.06 | ^a Austrapen LN |
| | | | | | | | ^a Ibimicyn TS |
| 2977Q <i>NP</i> | Powder for injection 1 g | 5 | 1 | .. | 13.79 | 14.90 | ^a Aspen Ampicyn AS |
| | | | | | | | ^a Austrapen LN |
| | | | | | | | ^a Ibimicyn TS |
| <i>Beta-lactamase sensitive penicillins</i> | | | | | | | |
| BENZATHINE BENZYL PENICILLIN | | | | | | | |
| 2267H <i>NP</i> | Injection 900 mg in 2.3 mL single use pre-filled syringe | 10 | .. | .. | 293.21 | 35.40 | Bicillin L-A PF |
| BENZYL PENICILLIN | | | | | | | |
| 1775K <i>NP, MW</i> | Powder for injection 600 mg | 10 | 1 | .. | *43.02 | 35.40 | BenPen CS |
| 2647H <i>NP</i> | Powder for injection 3 g | 10 | .. | .. | *67.02 | 35.40 | BenPen CS |
| PHENOXYMETHYL PENICILLIN | | | | | | | |
| 1787C <i>NP</i> | Tablet 250 mg | 50 | .. | .. | *11.42 | 12.53 | Abbecillin-VK Filmstab QA |
| 1789E <i>NP</i> | Capsule 250 mg | 50 | .. | .. | 11.26 | 12.37 | ^a Cilicaine VK FM |
| | | | | | | | ^a Cilopen VK GM |
| | | | | | | | LPV VT |

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 | |
|-------------|--|-------------|-------------|-------------------|--|--|----------------------------------|----|
| 2965C NP | Capsule 500 mg | 50 | .. | .. | 13.57 | 14.68 ^a | Cilicaine VK | FM |
| | | | | | | | Cilopen VK | GM |
| | | | | | | | LPV | VT |
| 3028J NP | Tablet 500 mg | 50 | .. | .. | *13.76 | 14.87 | Abbocillin-VK | QA |
| 8976K NP | Powder for oral liquid 125 mg (as potassium) per 5 mL, 100 mL | 2 | 1 | .. | *#16.89 | 18.34 | Phenoxymethyl- penicillin-AFT | AE |
| 8977L NP | Powder for oral liquid 250 mg (as potassium) per 5 mL, 100 mL | 2 | 1 | .. | *#19.45 | 20.90 | Phenoxymethyl- penicillin-AFT | AE |
| 9143F NP | Oral suspension 150 mg (as benzathine) per 5 mL, 100 mL | 2 | 1 | .. | *21.70 | 22.81 ^a | Cilicaine V | FM |
| | | | | ^B 1.90 | *23.60 | 22.81 ^a | Abbocillin-V | QA |

PHENOXYMETHYLPENICILLIN

Restricted benefit

Prophylaxis of recurrent streptococcal infections (including rheumatic fever).

| | | | | | | | | |
|-------------|----------------|----|---|----|--------|--------------------|---------------------------|----|
| 1703P NP | Tablet 250 mg | 50 | 5 | .. | *11.42 | 12.53 | Abbocillin-VK Filmstab | QA |
| 1705R NP | Capsule 250 mg | 50 | 5 | .. | 11.26 | 12.37 ^a | Cilicaine VK | FM |
| | | | | | | | Cilopen VK | GM |
| | | | | | | | LPV | VT |

PROCAINE PENICILLIN

| | | | | | | | | |
|-------------|-----------------|---|----|----|-------|-------|-----------|----|
| 1794K NP | Injection 1.5 g | 5 | .. | .. | 92.32 | 35.40 | Cilicaine | QA |
|-------------|-----------------|---|----|----|-------|-------|-----------|----|

Beta-lactamase resistant penicillins

DICLOXACILLIN

Restricted benefit

Serious staphylococcal infections.

| | | | | | | | | |
|----------------|----------------|----|----|----|-------|--------------------|-------------|----|
| 8121K NP,MW | Capsule 250 mg | 24 | .. | .. | 11.29 | 12.40 | Distaph 250 | AF |
| 8122L NP,MW | Capsule 500 mg | 24 | .. | .. | 16.51 | 17.62 ^a | Diclocil | BQ |
| | | | | | | | 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 | .. | .. | 12.86 | 13.97 ^a | Flubiclox | TS |
| | | | | | | | Flucil | AS |
| 1525G NP | Powder for injection 1 g | 5 | 1 | .. | 16.43 | 17.54 ^a | Flubiclox | TS |
| | | | | | | | Flucil | AS |
| | | | | | | | 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 | .. | .. | 11.29 | 12.40 ^a | Flopen AS |
| | | | | | | ^a | Staphylex 250 AF |
| 1527J <i>NP,MW</i> | Capsule 500 mg (as sodium) | 24 | .. | .. | 16.51 | 17.62 ^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 | .. | .. | #16.18 | 17.63 | Flucil LN |
| 9150N <i>NP</i> | Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL | ‡1 | .. | .. | #19.71 | 21.16 | 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 amoxycillin is suspected;

Infections where resistance to amoxycillin is proven.

| | | | | | | | | |
|-----------------------|---|----|---|-------------------|--------|--------------------|---|----|
| 1891M <i>NP,MW</i> | Tablet 500 mg-125 mg | 10 | 1 | .. | 10.18 | 11.29 ^a | Amoxycillin/ Clavulanic Acid 500/125 generichealth | GQ |
| | | | | | | ^a | APO-Amoxycillin/ 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 | 11.75 | 11.29 ^a | Augmentin Duo | GK |
| 1892N <i>NP</i> | Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL | ‡1 | 1 | .. | #11.38 | 12.83 ^a | Clamoxyl | AL |
| | | | | | | ^a | Curam | SZ |
| | | | | ^B 1.58 | #12.96 | 12.83 ^a | Augmentin | GK |
| 8254K <i>NP</i> | Tablet 875 mg-125 mg | 10 | 1 | .. | 11.73 | 12.84 ^a | Amoxycillin/ Clavulanic Acid 875/125 generichealth | GQ |
| | | | | | | ^a | Chem mart | CH |
| | | | | | | ^a | Amoxycillin 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 Amoxycillin and Clavulanic Acid | GX |
| | | | | | | ^a | Moxiclav Duo Forte 875/125 | QA |
| | | | | | | ^a | Terry White Chemists | TW |
| | | | | | | ^a | Amoxycillin and Clavulanic Acid | |
| | | | | ^B 1.56 | 13.29 | 12.84 ^a | Augmentin Duo forte | GK |
| 8319W <i>NP</i> | Powder for syrup 400 mg-57 mg per 5 mL, 60 mL | ‡1 | 1 | .. | #12.35 | 13.80 ^a | Clamoxyl Duo 400 | 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 |
|------|---|-------------|-------------|-------------------|--|--|-----------------------------------|
| | | | | ^B 1.58 | #13.93 | 13.80 | ^a Curam Duo SZ |
| | | | | | | | ^a Augmentin Duo 400 GK |

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 | 10 | .. | .. | 163.42 | 35.40 | Timentin GK |
|-------------|---------------------------------|----|----|----|--------|-------|-------------|

Other beta-lactam antibacterials

First-generation cephalosporins

CEFALOTIN

| | | | | | | | |
|-------------|--------------------------|----|---|----|-------|-------|-------------------------------------|
| 2964B NP | Powder for injection 1 g | 10 | 1 | .. | 22.98 | 24.09 | ^a Cefalotin Sandoz SZ |
| | | | | | | | ^a Hospira Pty Limited HH |
| | | | | | | | ^a Keflin Neutral AS |

CEPHALEXIN

| | | | | | | | |
|----------------|--|----|---|-------------------|--------|-------|---|
| 3058Y NP,MW | Capsule 250 mg | 20 | 1 | .. | 8.02 | 9.13 | ^a Cefalexin Sandoz SZ |
| | | | | | | | ^a Cephalixin generichealth GQ |
| | | | | | | | ^a Cephalixin-PS FZ |
| | | | | | | | ^a Cephatrust 250 MI |
| | | | | | | | ^a Chem mart Cephalixin CH |
| | | | | | | | ^a Cilix GM |
| | | | | | | | ^a GenRx Cephalixin GX |
| | | | | | | | ^a Ialex LN |
| | | | | | | | ^a Ibilex 250 AF |
| | | | | | | | ^a Pharmacor Cephalixin 250 CR |
| | | | | | | | ^a Rancef RA |
| | | | | | | | ^a Terry White Chemists Cephalixin TW |
| | | | | ^B 3.94 | 11.96 | 9.13 | ^a Keflex AS |
| 3094W NP | Granules for syrup 125 mg per 5 mL, 100 mL | #1 | 1 | .. | #10.91 | 12.36 | ^a APO-Cephalixin TX |
| | | | | | | | ^a Cefalexin Sandoz SZ |
| | | | | | | | ^a Chem mart Cephalixin CH |
| | | | | | | | ^a Cilix GM |
| | | | | | | | ^a GenRx Cephalixin GX |
| | | | | | | | ^a Ialex LN |
| | | | | | | | ^a Ibilex 125 AF |
| | | | | | | | ^a Terry White Chemists Cephalixin TW |
| | | | | ^B 4.34 | #15.25 | 12.36 | ^a Keflex AS |

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 | .. | #11.78 | 13.23 | ^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 Chemists TW |
| | | | | | | | ^a Cephalexin |
| | | | | ^B 5.58 | #17.36 | 13.23 | ^a Keflex AS |
| 3119E NP,MW | Capsule 500 mg | 20 | 1 | .. | 9.20 | 10.31 | ^a Cefalexin Sandoz SZ |
| | | | | | | | ^a Cephalexin generichealth GQ |
| | | | | | | | ^a Cephalexin-PS FZ |
| | | | | | | | ^a Cephatrust 500 MI |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Cephalexin |
| | | | | | | | ^a Cilex GM |
| | | | | | | | ^a GenRx Cephalexin GX |
| | | | | | | | ^a Ialex LN |
| | | | | | | | ^a Ibilex 500 AF |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Cephalexin 500 |
| | | | | | | | ^a Rancef RA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Cephalexin |
| | | | | ^B 5.65 | 14.85 | 10.31 | ^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 | .. | .. | *39.98 | 35.40 | ^a Cefazolin-AFT AE |
| | | | | | | | ^a Hospira Pty Limited HH |
| 9326W NP | Powder for injection 2 g | 10 | .. | .. | *104.32 | 35.40 | ^a Cefazolin Sandoz SZ |
| | | | | | | | ^a Cephalozin Alphapharm AF |

CEPHAZOLIN

Restricted benefit

Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;

Septicaemia, suspected;

Septicaemia, proven.

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. | | | | | | | |
| Note For item codes 1257E and 1797N, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution. | | | | | | | |
| 1257E NP | Powder for injection 1 g | 10 | .. | .. | 49.72 | 35.40 | ^a Cefazolin Sandoz SZ |
| | | | | | | | ^a Cephazolin Alphapharm AF |
| | | | | | | | ^a Kefzol AS |
| 1797N NP | Powder for injection 1 g | 10 | .. | .. | *49.72 | 35.40 | ^a Cefazolin-AFT AE |
| | | | | | | | ^a Hospira Pty Limited HH |
| CEPHAZOLIN Restricted benefit Cellulitis. | | | | | | | |
| 5477G NP | Powder for injection 500 mg | 10 | .. | .. | *39.98 | 35.40 | ^a Cefazolin-AFT AE |
| | | | | | | | ^a Hospira Pty Limited HH |
| 5479J NP | Powder for injection 2 g | 10 | .. | .. | *104.32 | 35.40 | ^a Cefazolin Sandoz SZ |
| | | | | | | | ^a Cephazolin Alphapharm AF |
| CEPHAZOLIN Restricted benefit Cellulitis. | | | | | | | |
| Note For item codes 5478H and 1799Q, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution. | | | | | | | |
| 1799Q NP | Powder for injection 1 g | 10 | .. | .. | *49.72 | 35.40 | ^a Cefazolin-AFT AE |
| | | | | | | | ^a Hospira Pty Limited HH |
| 5478H NP | Powder for injection 1 g | 10 | .. | .. | 49.72 | 35.40 | ^a Cefazolin Sandoz SZ |
| | | | | | | | ^a Cephazolin Alphapharm AF |
| | | | | | | | ^a Kefzol AS |

Second-generation cephalosporins

CEFACTOR

Caution

Serum sickness-like reactions have been reported with this drug, especially in children.

| | | | | | | | |
|-------|-----------------------------------|----|---|----|-------|-------|--------------------------------------|
| 1169M | Tablet 375 mg (sustained release) | 10 | 1 | .. | 11.43 | 12.54 | ^a Cefaclor-GA GN |
| | | | | | | | ^a Cefaclor GH GQ |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Cefaclor CD |
| | | | | | | | ^a GenRx Cefaclor CD GX |
| | | | | | | | ^a Karlor CD LN |
| | | | | | | | ^a Keflor CD AF |
| | | | | | | | ^a Ozcef RA |
| | | | | | | | ^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 | | |
|-------------------|---|-------------|-------------|-------------|--|--|-----------------------------|----------------------|----|
| 2460L | Powder for oral suspension 125 mg per 5 mL, 100 mL | 1 | 1 | B6.16 .. | 17.59 #12.58 | 12.54 14.03 | a | Cefaclor CD | AS |
| | | | | | | | a | Ceclor CD | AS |
| | | | | | | | a | Aclor 125 | QA |
| | | | | | | | a | Cefaclor Sandoz | SZ |
| | | | | | | | a | Chem mart | CH |
| | | | | | | | a | Cefaclor | |
| | | | | | | | a | GenRx Cefaclor | GX |
| | | | | | | | a | Keflor | AF |
| 2461M | Powder for oral suspension 250 mg per 5 mL, 75 mL | 1 | 1 | B4.83 .. | #17.41 #12.82 | 14.03 14.27 | a | Ozcef | RA |
| | | | | | | | a | Terry White Chemists | TW |
| | | | | | | | a | Cefaclor | |
| | | | | | | | a | Ceclor | AS |
| | | | | | | | a | Aclor 250 | QA |
| | | | | | | | a | Cefaclor Sandoz | SZ |
| | | | | | | | a | Chem mart | CH |
| | | | | | | | a | Cefaclor | |
| | | | | | | | a | GenRx Cefaclor | GX |
| | | | | | | | a | Keflor | AF |
| | | | | | | | a | Ozcef | RA |
| | | | | | | | a | Terry White Chemists | TW |
| 5499K | Tablet 250 mg (base) | 14 | 1 | B5.08 .. | #17.90 | 14.27 | a | Ceclor | AS |
| | | | | | | | | | |
| CEFUROXIME AXETIL | | | | | | | | | |
| 5499K | Powder for oral suspension 125 mg (base) per 5 mL, 70 mL | 1 | 1 | .. | #19.54 | 20.99 | | Zinnat | GK |
| 8292K | Tablet 250 mg (base) | 14 | 1 | .. | 18.72 | 19.83 | | Zinnat | GK |

Third-generation cephalosporins

CEFOTAXIME

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.

Note

For item codes 1085D and 1758M, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------------|--------------------------|----|----|----|--------|-------|---|------------------------|
| 1085D NP | Powder for injection 1 g | 10 | .. | .. | *26.42 | 27.53 | a | Cefotaxime Sandoz SZ |
| 1758M NP | Powder for injection 1 g | 10 | .. | .. | 26.54 | 27.65 | a | Hospira Pty Limited HH |

CEFOTAXIME

Restricted benefit

Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;

Septicaemia, suspected;

Septicaemia, proven.

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. | | | | | | | |
| Note | | | | | | | |
| For item codes 1086E and 1759N, pharmaceutical benefits that have the form powder for injection 2 g are equivalent for the purposes of substitution. | | | | | | | |
| 1086E NP | Powder for injection 2 g | 10 | .. | .. | *43.02 | 35.40 ^a | Cefotaxime Sandoz SZ |
| 1759N NP | Powder for injection 2 g | 10 | .. | .. | 43.12 | 35.40 ^a | Hospira Pty Limited HH |
| CEFTRIAXONE | | | | | | | |
| Restricted benefit | | | | | | | |
| Gonorrhoea. | | | | | | | |
| 9058R NP | Powder for injection 500 mg | 1 | .. | .. | 10.35 | 11.46 ^a | Ceftriaxone-AFT AE |
| | | | | | | ^a | Ceftriaxone ICP PP |
| CEFTRIAXONE | | | | | | | |
| 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. | | | | | | | |
| 1783W NP | Powder for injection 500 mg | 5 | .. | .. | *25.67 | 26.78 ^a | Ceftriaxone-AFT AE |
| | | | | | | ^a | Ceftriaxone ICP PP |
| 1785Y NP | Powder for injection 2 g | 5 | .. | .. | *59.62 | 35.40 ^a | Ceftriaxone-AFT AE |
| | | | | | | ^a | Ceftriaxone ICP PP |
| | | | | | | ^a | Ceftriaxone Sandoz SZ |
| | | | | | | ^a | DBL Ceftriaxone HH |
| | | | | | | ^a | Rocephin RO |
| CEFTRIAXONE | | | | | | | |
| 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. | | | | | | | |
| Note | | | | | | | |
| For item codes 1784X and 1788D, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution. | | | | | | | |
| 1784X NP | Powder for injection 1 g | 5 | .. | .. | *36.42 | 35.40 ^a | Ceftriaxone-AFT AE |
| | | | | | | ^a | Ceftriaxone ICP PP |
| | | | | | | ^a | Ceftriaxone 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 |
|-------------|---|-------------|-------------|---------|--|--|---------------------------------|
| 1788D NP | Powder for injection 1 g | 5 | .. | .. | 36.45 | 35.40 | ^a DBL Ceftriaxone HH |
| | | | | | | | ^a Rocephin RO |
| | | | | | | | ^a Max Pharma GQ |
| | | | | | | | Ceftriaxone |

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.

| | | | | | | | |
|-------------|---|----|----|----|---------|-------|------------------------------------|
| 8315P NP | Powder for injection 1 g (as hydrochloride) | 10 | .. | .. | *161.72 | 35.40 | ^a Cefepime Sandoz SZ |
| | | | | | | | ^a DBL Cefepime HH |
| | | | | | | | ^a Omegapharm Pty Ltd OE |
| 8316Q NP | Powder for injection 2 g (as hydrochloride) | 10 | .. | .. | *293.32 | 35.40 | ^a Cefepime Sandoz SZ |
| | | | | | | | ^a DBL Cefepime HH |
| | | | | | | | ^a Maxipime BQ |
| | | | | | | | ^a Omegapharm Pty Ltd OE |

Sulfonamides and trimethoprim

Trimethoprim and derivatives

TRIMETHOPRIM

| | | | | | | | |
|-------------|---------------|---|---|-------------------|-------|------|-------------------------|
| 2922T NP | Tablet 300 mg | 7 | 1 | .. | 8.48 | 9.59 | ^a Alprim AF |
| | | | | ^B 1.89 | 10.37 | 9.59 | ^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 NP | Tablet 160 mg-800 mg | 10 | 1 | .. | 9.34 | 10.45 | ^a Bactrim DS RO |
| | | | | | | | ^a Resprim Forte AF |
| | | | | ^B 1.46 | 10.80 | 10.45 | ^a Septrin Forte QA |
| 3103H NP | Oral suspension 40 mg-200 mg per 5 mL, 100 mL | ±1 | 1 | .. | 9.03 | 10.14 | Bactrim RO |
| | | | | ^B 1.79 | 10.82 | 10.14 | Septrin 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 NP | Tablet 500 mg (as dihydrate) | 2 | .. | .. | 21.19 | 22.30 | ^a Azithromycin Sandoz SZ |
| | | | | | | | ^a Zithromax PF |
| | | | | | | | ^a Zitrocin 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 |
|---|--|-------------|-------------|-------------------|--|--|---|
| AZITHROMYCIN | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Trachoma. | | | | | | | |
| <u>Note</u> | | | | | | | |
| 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 | .. | .. | #21.27 | 22.72 | Zithromax PF |
| 8336R NP | Tablet 500 mg (as dihydrate) | 2 | 2 | .. | 21.19 | 22.30 | ^a Azithromycin Sandoz |
| | | | | | | | ^a Zithromax PF |
| | | | | | | | ^a Zitrocin GM |
| CLARITHROMYCIN | | | | | | | |
| 8318T NP | Tablet 250 mg | 14 | 1 | .. | 11.32 | 12.43 | ^a APO- Clarithromycin TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Clarithromycin Clarac GM |
| | | | | | | | ^a Clarihexal SZ |
| | | | | | | | ^a Clarithro 250 QA |
| | | | | | | | ^a Clarithromycin-PS FZ |
| | | | | | | | ^a GenRx Clarithromycin GX |
| | | | | | | | ^a Kalixocin AF |
| | | | | | | | ^a Terry White Chemists Clarithromycin TW |
| | | | | ^B 1.50 | 12.82 | 12.43 | ^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 | .. | .. | #30.80 | 32.25 | Klacid AB |
| ERYTHROMYCIN | | | | | | | |
| 1404X NP | Capsule 250 mg | 25 | 1 | .. | 10.79 | 11.90 | ^a Mayne Pharma Erythromycin YT |
| | | | | ^B 2.91 | 13.70 | 11.90 | ^a Eryc YN |
| ERYTHROMYCIN ETHYL SUCCINATE | | | | | | | |
| 2424N NP | Powder for oral liquid 200 mg (base) per 5 mL, 100 mL | ‡1 | 1 | .. | #14.65 | 16.10 | ^a E-Mycin 200 AF |
| | | | | ^B 2.71 | #17.36 | 16.10 | ^a E.E.S. 200 LM |
| 2428T NP | Powder for oral liquid 400 mg (base) per 5 mL, 100 mL | ‡1 | 1 | .. | #16.16 | 17.61 | ^a E-Mycin 400 AF |
| | | | | ^B 2.73 | #18.89 | 17.61 | ^a E.E.S. Granules LM |
| 2750R NP | Tablet 400 mg (base) | 25 | 1 | .. | 10.79 | 11.90 | ^a E-Mycin AF |
| | | | | ^B 2.66 | 13.45 | 11.90 | ^a E.E.S. 400 Filmtab LM |
| ERYTHROMYCIN LACTOBIONATE | | | | | | | |
| 1397M | Powder for I.V. infusion 1 g (base) | 5 | .. | .. | *98.72 | 35.40 | Erythrocin-I.V. LM |

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 | | | | | | | | | |
| ROXITHROMYCIN | | | | | | | | | |
| 1760P NP | Tablet 150 mg | 10 | 1 | .. | 9.86 | 10.97 | ^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 |
| | | | | | | | ^a | Roxithromycin-PS | FZ |
| | | | | | | | ^a | Roxithromycin Sandoz | SZ |
| | | | | | | | ^a | Terry White Chemists | TW |
| | | | | ^B 2.61 | 12.47 | 10.97 | ^a | Roxithromycin | |
| | | | | | | | ^a | Rulide | SW |
| 8016X NP | Tablet 300 mg | 5 | 1 | .. | 9.86 | 10.97 | ^a | APO-Roxithromycin | TX |
| | | | | | | | ^a | Biaxsig | AV |
| | | | | | | | ^a | Chem mart | CH |
| | | | | | | | ^a | Roxithromycin | QA |
| | | | | | | | ^a | Roxar 300 | QA |
| | | | | | | | ^a | Roximycin | AF |
| | | | | | | | ^a | Roxithromycin-GA | GM |
| | | | | | | | ^a | Roxithromycin-PS | FZ |
| | | | | | | | ^a | Roxithromycin Sandoz | SZ |
| | | | | | | | ^a | Terry White Chemists | TW |
| | | | | ^B 2.61 | 12.47 | 10.97 | ^a | Roxithromycin | |
| | | | | | | | ^a | Rulide | SW |
| 8129W NP | Tablet for oral suspension 50 mg | 10 | 1 | .. | 12.99 | 14.10 | | Rulide D | SW |

Lincosamides

CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.

| | | | | | | | | | |
|----------------|----------------|----|----|-------------------|-------|-------|--------------|-----------|----|
| 3138E NP,MW | Capsule 150 mg | 24 | .. | .. | 19.85 | 20.96 | ^a | Cleocin | FZ |
| | | | | ^B 1.37 | 21.22 | 20.96 | ^a | Dalacin C | PF |

LINCOMYCIN

| | | | | | | | | | |
|----------------|--------------------------|---|----|----|-------|-------|--|----------|----|
| 2530E NP,MW | Injection 600 mg in 2 mL | 5 | .. | .. | 33.84 | 34.95 | | Lincocin | PF |
|----------------|--------------------------|---|----|----|-------|-------|--|----------|----|

Aminoglycoside antibacterials

Other aminoglycosides

GENTAMICIN SULFATE

| | | | | | | | | | |
|-------------|--------------------------------|----|---|----|-------|-------|--|--------------------------|----|
| 2824P NP | Injection 80 mg (base) in 2 mL | 10 | 1 | .. | 19.77 | 20.88 | | Pfizer Australia Pty Ltd | PF |
|-------------|--------------------------------|----|---|----|-------|-------|--|--------------------------|----|

TOBRAMYCIN

Authority required (STREAMLINED)

3842

Management of a proven *Pseudomonas aeruginosa* infection in a patient with cystic fibrosis.

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 | |
|---|---|-------------|-------------|---------|--|--|-----------------------------|----|
| <u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | | |
| <u>Note</u> Special Pricing Arrangements apply. | | | | | | | | |
| 5442K | Solution for inhalation 300 mg in 5 mL | 56 | 2 | .. | 2137.46 | 35.40 | Tobi | NV |
| TOBRAMYCIN SULFATE <u>Restricted benefit</u> Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected; Septicaemia, proven. | | | | | | | | |
| 1356J NP | Injection 80 mg (base) in 2 mL | 10 | 1 | .. | *65.12 | 35.40 | Hospira Pty Limited | HH |
| 8872Y NP | Injection 80 mg (base) in 2 mL (without preservative) | 10 | 1 | .. | *65.12 | 35.40 | Pfizer Australia Pty Ltd | PF |
| <hr/> | | | | | | | | |
| TOBRAMYCIN SULFATE <u>Restricted benefit</u> 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 | .. | 357.47 | 35.40 | Tobra-Day | PL |

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 | .. | .. | 17.33 | 18.44 | ^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 | 18.12 | 18.44 | ^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 | .. | .. | 27.66 | 28.77 | ^a C-Flox 500 | 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 |
|--------------------------------------|---|-------------|-------------|---------|--|--|--|
| 1210Q NP | Tablet 750 mg | 14 | .. | .. | 38.38 | 35.40 | ^a Cifran RA |
| | | | | | | | ^a Ciprofloxacin 500 CR |
| | | | | | | | ^a Ciprofloxacin-BW GQ |
| | | | | | | | ^a Ciprofloxacin-DRLA RZ |
| | | | | | | | ^a Ciprofloxacin-GA GM |
| | | | | | | | ^a Ciprofloxacin-PS FZ |
| | | | | | | | ^a Ciprofloxacin Sandoz SZ |
| | | | | | | | ^a Ciprol 500 QA |
| | | | | | | | ^a GenRx GX |
| | | | | | | | ^a Ciprofloxacin Loxip 500 DO |
| | | | | | | | ^B 0.79 28.45 28.77 ^a Ciproxin 500 BN |
| | | | | | | | ^a C-Flox 750 AL |
| | | | | | | | ^a Cifran RA |
| | | | | | | | ^a Ciprofloxacin 750 CR |
| | | | | | | | ^a Ciprofloxacin-BW GQ |
| | | | | | | | ^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 Loxip 750 DO |
| | | | | | | | ^B 0.78 39.16 35.40 ^a Ciproxin 750 BN |
| NORFLOXACIN | | | | | | | |
| Authority required | | | | | | | |
| Acute bacterial enterocolitis; | | | | | | | |
| Complicated urinary tract infection. | | | | | | | |
| 3010K NP | Tablet 400 mg | 14 | 1 | .. | 13.85 | 14.96 | ^a Chem mart CH |
| | | | | | | | ^a Norfloxacin |
| | | | | | | | ^a GenRx Norfloxacin GX |
| | | | | | | | ^a Norfloxacin-GA GM |
| | | | | | | | ^a Norfloxacin-PS FZ |
| | | | | | | | ^a Norfloxacin Sandoz SZ |
| | | | | | | | ^a Nufloxib AF |
| | | | | | | | ^a Roxin QA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Norfloxacin |
| | | | | | | | ^B 3.91 17.76 14.96 ^a Noroxin MK |

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 | .. | .. | 16.62 | 17.73 | ^a Hospira Pty Limited HH |
| | | | | | | | ^a Vancomycin 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 |
|-------|--|-------------|-------------|---------|--|--|---------------------------------------|
| 3130R | Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity) | 2 | .. | .. | *16.62 | 17.73 | ^a Vancomycin Sandoz SZ |
| | | | | | | | ^a Vycin IV WQ |
| | | | | | | | ^a Hospira Pty Limited HH |
| | | | | | | | ^a Vancocin CP AS |
| | | | | | | | ^a Vancomycin Alphapharm AF |
| | | | | | | | ^a Vancomycin Sandoz SZ |
| | | | | | | | ^a Vycin IV WQ |

VANCOMYCIN

Restricted benefit

Endophthalmitis;

Use initiated in a hospital for infections where vancomycin is an appropriate antibiotic.

| | | | | | | | |
|-------|--|---|----|----|--------|-------|---------------------------------------|
| 2270L | Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity) | 3 | .. | .. | *36.82 | 35.40 | ^a Hospira Pty Limited HH |
| | | | | | | | ^a Vancomycin Alphapharm AF |
| | | | | | | | ^a Vancomycin Sandoz SZ |
| | | | | | | | ^a Vycin IV WQ |
| 3131T | Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity) | 5 | .. | .. | *31.77 | 32.88 | ^a Hospira Pty Limited HH |
| | | | | | | | ^a Vancocin CP AS |
| | | | | | | | ^a Vancomycin Alphapharm AF |
| | | | | | | | ^a Vancomycin Sandoz SZ |
| | | | | | | | ^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 | .. | 90.99 | 35.40 | Fucidin | CS |
|-------|-----------------------------|----|---|----|-------|-------|---------|----|

Imidazole derivatives

METRONIDAZOLE

| | | | | | | | | |
|-------------|--------------------------|----|----|----|-------------------|-------|----------------------------|----|
| 1636D NP | Tablet 200 mg | 21 | 1 | .. | 7.98 | 9.09 | ^a Metrogyl 200 | AF |
| | | | | | ^B 2.30 | 10.28 | ^a Metronide 200 | AV |
| | | | | | | | ^a Flagyl | SW |
| 1642K NP | Suppositories 500 mg, 10 | ‡1 | .. | .. | 23.26 | 24.37 | Flagyl | SW |

METRONIDAZOLE

Restricted benefit

Treatment of anaerobic infections.

| | | | | | | | | |
|-------------|---------------|----|---|----|-------------------|-------|----------------------------|----|
| 1621H NP | Tablet 400 mg | 21 | 1 | .. | 9.95 | 11.06 | ^a Metrogyl 400 | AF |
| | | | | | ^B 2.30 | 12.25 | ^a Metronide 400 | AV |
| | | | | | | | ^a Flagyl | SW |

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 | |
|--|--|-------------|-------------|-------------------|--|--|--|----|
| METRONIDAZOLE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Prophylaxis in large bowel surgery; | | | | | | | | |
| Treatment, in a hospital, of acute anaerobic sepsis. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| For item codes 1638F and 1821W, pharmaceutical benefits that have the form I.V. infusion 500 mg in 100 mL are equivalent for the purposes of substitution. | | | | | | | | |
| 1638F NP | I.V. infusion 500 mg in 100 mL | 5 | 1 | .. | *30.77 | 31.88 ^a | Baxter Healthcare Pty Ltd | BX |
| 1821W NP | I.V. infusion 500 mg in 100 mL | 5 | 1 | .. | *30.89 | 32.00 ^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 | .. | .. | 18.92 | 20.03 | Flagyl S | SW |
| TINIDAZOLE | | | | | | | | |
| 1465D NP | Tablet 500 mg | 4 | .. | .. | 10.89 | 12.00 ^a | Simplotan | FZ |
| | | | | ^B 2.42 | 13.31 | 12.00 ^a | Fasigyn | PF |

Nitrofurantoin derivatives

NITROFURANTOIN

Caution

Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.

| | | | | | | | | |
|----------------|----------------|----|---|----|-------|-------|--------------|----|
| 1692C NP,MW | Capsule 50 mg | 30 | 1 | .. | 20.48 | 21.59 | Macrochantin | PF |
| 1693D NP,MW | Capsule 100 mg | 30 | 1 | .. | 26.36 | 27.47 | Macrochantin | PF |

Other antibacterials

HEXAMINE HIPPURATE

| | | | | | | | | |
|-------------|------------|-----|---|----|-------|-------|--------|----|
| 3124K NP | Tablet 1 g | 100 | 5 | .. | 43.35 | 35.40 | Hiprex | IA |
|-------------|------------|-----|---|----|-------|-------|--------|----|

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 NP | Tablet 200 mg | 10 | .. | .. | 19.89 | 21.00 | Nizoral | JC |
|-------------|---------------|----|----|----|-------|-------|---------|----|

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 |
|---|---|-------------|-------------|---------|--|--|-----------------------------|
| KETOCONAZOLE | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 3604 | | | | | | | |
| Oral candidiasis in severely immunocompromised persons where topical therapy has failed; | | | | | | | |
| 3605 | | | | | | | |
| Systemic or deep mycoses where other forms of therapy have failed. | | | | | | | |
| <u>Caution</u> | | | | | | | |
| Hepatotoxicity has been reported with ketoconazole. | | | | | | | |
| <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. | | | | | | | |
| 1572R NP | Tablet 200 mg | 30 | 5 | .. | 42.27 | 35.40 | Nizoral JC |

Triazole derivatives

FLUCONAZOLE

Authority required (STREAMLINED)

3615

Treatment of cryptococcal meningitis;

3616

Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;

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 | .. | 41.51 | 35.40 | ^a Diflucan | PF |
| | | | | | | | ^a Dizole 50 | AF |
| | | | | | | | ^a Fluconazole Sandoz | SZ |
| | | | | | | | ^a Ozole | RA |
| 1472L NP | Capsule 100 mg | 28 | 5 | .. | 71.85 | 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 | .. | .. | *117.33 | 35.40 | ^a Diflucan | PF |
| | | | | | | | ^a Fluconazole-Claris | AE |
| | | | | | | | ^a Fluconazole Hexal | HX |
| | | | | | | | ^a Fluconazole Sandoz | SZ |
| 1474N NP | Solution for I.V. infusion 200 mg in 100 mL | 7 | .. | .. | *214.07 | 35.40 | ^a Baxter Healthcare Pty Ltd | BX |
| | | | | | | | ^a Diflucan | PF |
| | | | | | | | ^a Fluconazole | AF |
| | | | | | | | ^a Alphapharm | |
| | | | | | | | ^a Fluconazole-Claris | AE |
| | | | | | | | ^a Fluconazole Hexal | HX |
| 1475P | Capsule 200 mg | 28 | 5 | .. | 133.79 | 35.40 | ^a Fluconazole Sandoz | SZ |
| | | | | | | | ^a APO-Fluconazole | 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 |
|-------|---|-------------|-------------|---------|--|--|--|
| NP | | | | | | | |
| | | | | | | ^a | Diflucan PF |
| | | | | | | ^a | Dizole 200 AF |
| | | | | | | ^a | Fluconazole Sandoz SZ |
| | | | | | | ^a | Fluzole 200 QA |
| | | | | | | ^a | Ozole RA |
| 1757L | Solution for I.V. infusion 400 mg in 200 mL | 1 | .. | .. | 53.63 | 35.40 | ^a Baxter Healthcare Pty Ltd BX |
| NP | | | | | | ^a | Fluconazole Alphapharm AF |

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.

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 | Powder for oral suspension 50 mg in 5 mL, 35 mL | 1 | .. | .. | #57.98 | 35.40 | Diflucan | PF |
| NP | | | | | | | | |

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 | Capsule 100 mg | 60 | 5 | .. | 246.89 | 35.40 | Sporanox | JC |
| NP | | | | | | | | |

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.

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 |
|---|---|-------------|-------------|---------|--|--|-----------------------------|
| <u>Authority required</u> | | | | | | | |
| 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. | | | | | | | |
| <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> | | | | | | | |
| 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 | .. | .. | 733.36 | 35.40 | Noxafil MK |

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.

| | | | | | | | | |
|-------------|---------------|----|---|----|---------|-------|-------|----|
| 9363T NP | Tablet 50 mg | 56 | 2 | .. | 700.97 | 35.40 | Vfend | PF |
| 9364W NP | Tablet 200 mg | 56 | 2 | .. | 2631.18 | 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.

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 |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|
| 9452L NP | Powder for oral suspension 40 mg per mL, 70 mL | 1 | .. | .. | #703.58 | 35.40 | Vfend PF |

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 | .. | 21.59 | 22.70 | Fawns and McAllan Proprietary Limited | FM |
|-------------|---------------|-----|---|----|-------|-------|---|----|

Drugs for treatment of lepra

Drugs for treatment of lepra

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 | .. | 113.94 | 35.40 | Link Medical Products Pty Ltd | LM |
| 8801F NP | Tablet 25 mg | 100 | 1 | .. | 100.68 | 35.40 | Link Medical Products Pty Ltd | LM |

RIFAMPICIN

Authority required

Leprosy in adults.

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.

| | | | | | | | | |
|-------------|----------------|-----|----|----|-------|-------|-------------|----|
| 1982H NP | Capsule 150 mg | 100 | .. | .. | 49.98 | 35.40 | Rimycin 150 | AF |
| 1983J NP | Capsule 300 mg | 100 | .. | .. | 71.16 | 35.40 | Rimycin 300 | AF |

RIFAMPICIN

Restricted benefit

Prophylaxis of meningococcal disease in close contacts and carriers;

Prophylactic treatment of contacts of patients with Haemophilus influenzae type B.

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.

| | | | | | | | | |
|-------------|------------------------------|----|----|----|-------|-------|-------------|----|
| 1981G NP | Capsule 150 mg | 10 | .. | .. | 44.99 | 35.40 | Rimycin 150 | AF |
| 1984K NP | Capsule 300 mg | 10 | .. | .. | 25.25 | 26.36 | Rimycin 300 | AF |
| 8025J NP | Syrup 100 mg per 5 mL, 60 mL | #1 | .. | .. | 28.67 | 29.78 | Rifadin | SW |

Antiinfectives for systemic use

| 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 \$ | |
| 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.

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

Note

For item codes 1003T and 1555W, pharmaceutical benefits that have the form tablet 200 mg are equivalent for the purposes of substitution.

| | | | | | | | | | |
|-------------|---------------|----|----|----|-----------------|-------|--------------|-----------------|----|
| 1003T NP | Tablet 200 mg | 50 | .. | .. | *66.50 | 35.40 | ^a | Acihexal | SZ |
| | | | | | | | ^a | Acyclo-V 200 | AF |
| | | | | | | | ^a | Lovir | GM |
| 1555W NP | Tablet 200 mg | 50 | .. | .. | *70.60 66.48 | 35.40 | ^a | Zovirax 200 mg | GK |
| | | | | | | | ^a | GenRx Aciclovir | GX |

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 | .. | 116.22 | 35.40 | ^a | Aciclovir 200 | CR |
| | | | | | | | ^a | Aciclovir GH | GQ |
| | | | | | | | ^a | Acihexal | SZ |
| | | | | | | | ^a | Acyclo-V 200 | AF |
| | | | | | | | ^a | Chem mart Aciclovir | CH |
| | | | | | | | ^a | GenRx Aciclovir | GX |
| | | | | | | | ^a | Lovir | GM |
| | | | | | | | ^a | Ozvir | RA |
| | | | | | | | ^a | Terry White Chemists Aciclovir | TW |
| | | | | | ^B 3.06 119.28 | 35.40 | ^a | 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.

Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

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 No applications for repeats will be authorised. | | | | | | | | |
| 8002E NP | Tablet 250 mg | 21 | .. | .. | 138.26 | 35.40 | ^a | APO-Famciclovir TX |
| | | | | | | | ^a | Ezovir AF |
| | | | | | | | ^a | Famciclovir Sandoz SZ |
| | | | | | | | ^a | Famvir NV |
| | | | | | | | ^a | Favic 250 QA |

FAMCICLOVIR

Authority required (STREAMLINED)

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.

Note

Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

| | | | | | | | | |
|-------------|---------------|----|---|----|--------|-------|--------------|-----------------------|
| 8217L NP | Tablet 250 mg | 56 | 5 | .. | 343.86 | 35.40 | ^a | APO-Famciclovir TX |
| | | | | | | | ^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 | .. | .. | 194.70 | 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.

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 |
|--|---|-------------|-------------|---------|--|--|--------------|-----------------------------|
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 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. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| 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 | .. | 343.86 | 35.40 | ^a | APO-Famciclovir TX |
| | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Famciclovir |
| | | | | | | | ^a | Ezovir AF |
| | | | | | | | ^a | Famvir NV |
| | | | | | | | ^a | Favic 500 QA |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | | Chemists Famciclovir |
| VALACICLOVIR | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 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. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | | |
| 8133C NP | Tablet 500 mg (as hydrochloride) | 20 | .. | .. | *105.88 | 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 Pfizer FZ |
| | | | | | | | ^a | Valaciclovir Sandoz SZ |
| | | | | | | | ^a | Valnir QA |
| | | | | | | | ^a | Valtrex GK |
| | | | | | | | ^a | Valvala NV |
| | | | | | | | ^a | Zelitrex GM |
| <hr/> | | | | | | | | |
| VALACICLOVIR | | | | | | | | |
| <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> | | | | | | | | |
| 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 | .. | 155.53 | 35.40 | ^a | APO-Valaciclovir 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 Chem mart CH |
| | | | | | | | ^a Valaciclovir |
| | | | | | | | ^a Shilova 500 DO |
| | | | | | | | ^a Terry White TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Valaciclovir |
| | | | | | | | ^a Vaclovir AF |
| | | | | | | | ^a Valaciclovir GA GN |
| | | | | | | | ^a Valaciclovir GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Valaciclovir Pfizer FZ |
| | | | | | | | ^a Valaciclovir RBX RA |
| | | | | | | | ^a Valaciclovir Sandoz SZ |
| | | | | | | | ^a Valaciclovir SZ HX |
| | | | | | | | ^a Valacor 500 CR |
| | | | | | | | ^a Valnir QA |
| | | | | | | | ^a Valtrex GK |
| | | | | | | | ^a Valvala NV |
| | | | | | | | ^a Zelitrex GM |

VALACICLOVIR

Authority required (STREAMLINED)

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.

Note

Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

| | | | | | | | |
|-------|----------------------------------|----|---|----|--------|-------|-------------------------------------|
| 5480K | Tablet 500 mg (as hydrochloride) | 30 | 5 | .. | 155.53 | 35.40 | ^a APO-Valaciclovir TX |
| NP | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Valaciclovir |
| | | | | | | | ^a Shilova 500 DO |
| | | | | | | | ^a Terry White TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Valaciclovir |
| | | | | | | | ^a Vaclovir AF |
| | | | | | | | ^a Valaciclovir GA GN |
| | | | | | | | ^a Valaciclovir GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Valaciclovir Pfizer FZ |
| | | | | | | | ^a Valaciclovir RBX RA |
| | | | | | | | ^a Valaciclovir SZ HX |
| | | | | | | | ^a Valacor 500 CR |
| | | | | | | | ^a Valnir QA |
| | | | | | | | ^a Valtrex GK |
| | | | | | | | ^a Zelitrex GM |

VALACICLOVIR

Authority required (STREAMLINED)

3622

Treatment of patients with herpes zoster within 72 hours of the onset of the rash;

3631

Herpes zoster ophthalmicus.

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 |
|--|---|-------------|-------------|---------|--|--|-------------------------------------|
| <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 NP | Tablet 500 mg (as hydrochloride) | 42 | .. | .. | 214.16 | 35.40 | ^a APO-Valaciclovir TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Valaciclovir |
| | | | | | | | ^a Terry White TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Valaciclovir |
| | | | | | | | ^a Vaclovir AF |
| | | | | | | | ^a Valaciclovir GA GN |
| | | | | | | | ^a Valaciclovir GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Valaciclovir Pfizer FZ |
| | | | | | | | ^a Valaciclovir RBX RA |
| | | | | | | | ^a Valaciclovir Sandoz SZ |
| | | | | | | | ^a Valacor 500 CR |
| | | | | | | | ^a Valnir QA |
| ^a Valtrex GK | | | | | | | |
| ^a Valvala NV | | | | | | | |
| ^a Zelitrex 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 NP | Injection 0.5 mL (23 valent) | 1 | .. | .. | 46.23 | 35.40 | Pneumovax 23 | CS |
|-------------|------------------------------|---|----|----|-------|-------|--------------|----|

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 NP | Injection 0.5 mL in pre-filled syringe | 5 | .. | .. | 75.44 | 35.40 | ADT Booster | CS |
|-------------|--|---|----|----|-------|-------|-------------|----|

Antineoplastic agents

Nitrogen mustard analogues

| | | | | | | | | |
|-------|---|-----|---|----|---------|-------|--------------|----|
| 1163F | CHLORAMBUCIL Tablet 2 mg | 100 | 2 | .. | *138.08 | 35.40 | Leukeran | AS |
| 1266P | CYCLOPHOSPHAMIDE Tablet 50 mg | 50 | 2 | .. | 31.39 | 32.50 | Cycloblastin | PF |
| 2547C | MELPHALAN Tablet 2 mg | 25 | 1 | .. | 50.98 | 35.40 | Alkeran | AS |

BUSULFAN

| | | | | | | | | |
|-------|-------------|-----|----|----|-------|-------|---------|----|
| 1128J | Tablet 2 mg | 100 | .. | .. | 86.36 | 35.40 | Myleran | AS |
|-------|-------------|-----|----|----|-------|-------|---------|----|

CARMUSTINE

Glioblastoma multiforme, suspected or confirmed, at the time of initial surgery.

Carmustine is not PBS-subsidised for use in conjunction with PBS-subsidised temozolomide.

| | | | | | | | | |
|-------|--------------------|----|----|----|----------|-------|---------|----|
| 8898H | Implants 7.7 mg, 8 | #1 | .. | .. | 17539.42 | 35.40 | Gliadel | OA |
|-------|--------------------|----|----|----|----------|-------|---------|----|

TEMOZOLOMIDE

Glioblastoma multiforme concomitantly with radiotherapy.

Temozolomide is not PBS-subsidised for use in conjunction with PBS-subsidised carmustine.

No applications for increased repeats will be authorised.

| | | | | | | | | | |
|-------|----------------|----|---|----|----------|-------|------------------|--|--------------------|
| 8819E | Capsule 5 mg | 15 | 2 | .. | *176.20 | 35.40 | a a a a | Astromide Orion Temozolomide Temizole 5 | WQ ON QA |
| 8820F | Capsule 20 mg | 15 | 2 | .. | *478.18 | 35.40 | a a a a | Astromide Orion Temozolomide Temizole 20 | WQ ON QA |
| 8821G | Capsule 100 mg | 15 | 2 | .. | *2019.34 | 35.40 | a a a a | Astromide Orion Temozolomide Temizole 100 | WQ ON QA |
| 9361Q | Capsule 140 mg | 15 | 2 | .. | *2755.84 | 35.40 | a a | Astromide Orion Temozolomide | WQ ON |

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 Temizole 140 QA |
| | | | | | | | ^a Temodal MK |
| <hr/> | | | | | | | |
| TEMOZOLOMIDE | | | | | | | |
| Authority required | | | | | | | |
| Recurrence of anaplastic astrocytoma following standard therapy; | | | | | | | |
| Recurrence of glioblastoma multiforme following standard therapy; | | | | | | | |
| Glioblastoma multiforme following radiotherapy. | | | | | | | |
| 8378Y | Capsule 5 mg | 5 | 5 | .. | 63.08 | 35.40 | ^a Astromide WQ ^a Orion ON Temozolomide |
| | | | | | | | ^a Temizole 5 QA |
| | | | | | | | ^a Temodal MK |
| 8379B | Capsule 20 mg | 5 | 5 | .. | 172.81 | 35.40 | ^a Astromide WQ ^a Orion ON Temozolomide |
| | | | | | | | ^a Temizole 20 QA |
| | | | | | | | ^a Temodal MK |
| 8380C | Capsule 100 mg | 5 | 5 | .. | 680.03 | 35.40 | ^a Astromide WQ ^a Orion ON Temozolomide |
| | | | | | | | ^a Temizole 100 QA |
| | | | | | | | ^a Temodal MK |
| 8381D | Capsule 250 mg | 5 | 5 | .. | 1567.55 | 35.40 | ^a Astromide WQ ^a Orion ON Temozolomide |
| | | | | | | | ^a Temizole 250 QA |
| | | | | | | | ^a Temodal MK |
| 9362R | Capsule 140 mg | 5 | 5 | .. | 935.35 | 35.40 | ^a Astromide WQ ^a Orion ON Temozolomide |
| | | | | | | | ^a Temizole 140 QA |
| | | | | | | | ^a Temodal MK |

Antimetabolites

Folic acid analogues

| | | | | | | | |
|---------------------|------------------------|----|----|----|-------|-------|---|
| METHOTREXATE | | | | | | | |
| 1622J | Tablet 2.5 mg | 30 | 5 | .. | 13.22 | 14.33 | ^a Hospira Pty Limited HH ^a Methoblastin PF |
| 2272N | Tablet 10 mg | 15 | 3 | .. | 21.94 | 23.05 | Methoblastin PF |
| 2396D | Injection 5 mg in 2 mL | 5 | .. | .. | 30.29 | 31.40 | Hospira Pty Limited HH |

METHOTREXATE

Note

For item codes 2395C and 1818Q, pharmaceutical benefits that have the form injection 50 mg in 2 mL are equivalent for the purposes of substitution.

| | | | | | | | |
|-------|-------------------------|---|---|----|--------|-------|---|
| 1818Q | Injection 50 mg in 2 mL | 5 | 5 | .. | *29.77 | 30.88 | ^a Methaccord WQ |
| 2395C | Injection 50 mg in 2 mL | 5 | 5 | .. | 29.74 | 30.85 | ^a Hospira Pty Limited HH ^a Pfizer Australia Pty Ltd 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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

METHOTREXATE

Restricted benefit

For patients requiring doses greater than 20 mg per week.

| | | | | | | | | |
|-------|--------------|----|---|----|-------|-------|--------------|----|
| 1623K | Tablet 10 mg | 50 | 2 | .. | 45.38 | 35.40 | Methoblastin | PF |
|-------|--------------|----|---|----|-------|-------|--------------|----|

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 | .. | 936.80 | 35.40 | Fludara | GZ |
|-------|--------------|----|---|----|--------|-------|---------|----|

MERCAPTOPURINE

| | | | | | | | | |
|-------|--------------|-----|---|----|---------|-------|------------|----|
| 1598D | Tablet 50 mg | 100 | 2 | .. | *252.04 | 35.40 | Purinethol | AS |
|-------|--------------|-----|---|----|---------|-------|------------|----|

THIOGUANINE

| | | | | | | | | |
|-------|--------------|----|---|----|--------|-------|--------|----|
| 1233X | Tablet 40 mg | 25 | 1 | .. | 198.76 | 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 | .. | 124.03 | 35.40 | Xeloda | RO |
| 8362D | Tablet 500 mg | 120 | 2 | .. | 695.27 | 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 | .. | *1973.12 | 35.40 | Navelbine | FB |
| 9010F | Capsule 30 mg (as tartrate) | 16 | 2 | .. | *2340.12 | 35.40 | Navelbine | FB |

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 \$ | |
| Podophyllotoxin derivatives | | | | | | | |
| ETOPOSIDE | | | | | | | |
| 1389D | Capsule 100 mg | 10 | .. | .. | 390.83 | 35.40 | Vepesid BQ |
| 1396L | Capsule 50 mg | 20 | .. | .. | 445.04 | 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 | .. | .. | *267.70 | 35.40 | Zavedos PF |
| 2448W | Capsule 10 mg | 3 | .. | .. | *494.59 | 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).

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:

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; 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
- (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.

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>4. Authority approval requirements.</p> <p>Response criteria to initial treatment with dasatinib or nilotinib:</p> <p>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).</p> <p>5. 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>6. 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> | | | | | | | |
| 2478K | Tablet 20 mg | 60 | 5 | .. | 3095.55 | 35.40 | Sprycel BQ |
| 2482P | Tablet 50 mg | 60 | 5 | .. | 5003.90 | 35.40 | Sprycel BQ |
| 2485T | Tablet 70 mg | 60 | 5 | .. | 6160.29 | 35.40 | Sprycel BQ |
| 9342Q | Tablet 100 mg | 30 | 5 | .. | 5003.90 | 35.40 | Sprycel BQ |

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:

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>(1) a completed authority prescription form; and</p> <p>(2) demonstration of continued response to treatment as evidenced by either:</p> <p>(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</p> <p>(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.</p> <p>Note</p> <p>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.</p> <p>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.</p> <p>1. Initial treatment - imatinib mesylate, dasatinib and nilotinib</p> <p>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.</p> <p>During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure of response.</p> <p>2. Continuing treatment with imatinib mesylate - first-line</p> <p>First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.</p> <p>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.</p> <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 | .. | 3095.55 | 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 Max. Qty | Maximum Recordable Value for Safety Net | Brand Name and Manufacturer |
|-------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| 1381Q | Tablet 50 mg | 60 | 5 | .. | 5003.90 | 35.40 | Sprycel BQ |
| 1415L | Tablet 70 mg | 60 | 5 | .. | 6160.29 | 35.40 | Sprycel BQ |
| 1416M | Tablet 100 mg | 30 | 5 | .. | 5003.90 | 35.40 | Sprycel BQ |

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.

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).

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 | |
| \$ | | | | | | | |
| \$ | | | | | | | |
| <u>Note</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Note</u> | | | | | | | |
| No applications for increased repeats will be authorised. | | | | | | | |
| 9125G | Tablet 20 mg | 60 | 2 | .. | 3095.55 | 35.40 | Sprycel BQ |
| 9126H | Tablet 50 mg | 60 | 2 | .. | 5003.90 | 35.40 | Sprycel BQ |
| 9127J | Tablet 70 mg | 60 | 2 | .. | 6160.29 | 35.40 | Sprycel BQ |
| 9343R | Tablet 100 mg | 30 | 2 | .. | 5003.90 | 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 | .. | 794.29 | 35.40 | Tarceva RO |
| 9167L | Tablet 100 mg (as hydrochloride) | 30 | 3 | .. | 2703.44 | 35.40 | Tarceva RO |
| 9168M | Tablet 150 mg (as hydrochloride) | 30 | 3 | .. | 3309.76 | 35.40 | Tarceva RO |

GEFITINIB

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.

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.

| | | | | | | | |
|-------|---------------|----|---|----|---------|-------|-----------|
| 8769M | Tablet 250 mg | 30 | 3 | .. | 3851.46 | 35.40 | Iressa AP |
|-------|---------------|----|---|----|---------|-------|-----------|

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.

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 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 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-

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 \$ | | |
| | 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>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> | | | | | | | |
| 9113P | Tablet 100 mg (as mesylate) | 60 | 5 | .. | 2005.08 | 35.40 | Glivec | NV |
| 9114Q | Tablet 400 mg (as mesylate) | 30 | 5 | .. | 3863.70 | 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

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 \$ | |
| (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. | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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: | | | | | | | |
| (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 | .. | 2005.08 | 35.40 | Glivec NV |
| 9116T | Tablet 400 mg (as mesylate) | 30 | 2 | .. | 3863.70 | 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:

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) 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. | | | | | | |
| | <u>Authority required</u> 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). | | | | | | |
| | <u>Note</u> Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia. | | | | | | |
| | <u>Note</u> No applications for increased repeats will be authorised. | | | | | | |
| 9123E | Tablet 100 mg (as mesylate) | 60 | 2 | .. | 2005.08 | 35.40 | Glivec NV |
| 9124F | Tablet 400 mg (as mesylate) | 30 | 2 | .. | 3863.70 | 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

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 | |
| | | | | | \$ | \$ | |
| (b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and | | | | | | | |
| (c) a signed patient acknowledgement. | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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. | | | | | | | |
| 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 | .. | 2005.08 | 35.40 | Glivec NV |
| 9173T | Tablet 400 mg (as mesylate) | 30 | 2 | .. | 3863.70 | 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.

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. | | | | | | | |
| 9174W | Tablet 100 mg (as mesylate) | 60 | 2 | .. | 2005.08 | 35.40 | Glivec NV |
| 9175X | Tablet 400 mg (as mesylate) | 30 | 2 | .. | 3863.70 | 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 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.

Authority required

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.

Note

No applications for increased repeats will be authorised.

| | | | | | | | | |
|-------|-----------------------------|----|---|----|---------|-------|--------|----|
| 9176Y | Tablet 100 mg (as mesylate) | 60 | 2 | .. | 2005.08 | 35.40 | Glivec | NV |
| 9177B | Tablet 400 mg (as mesylate) | 30 | 2 | .. | 3863.70 | 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 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. | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| No applications for increased repeats will be authorised. | | | | | | | | |
| 9178C | Tablet 100 mg (as mesylate) | 60 | 2 | .. | 2005.08 | 35.40 | Glivec | NV |
| 9179D | Tablet 400 mg (as mesylate) | 30 | 2 | .. | 3863.70 | 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:

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

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 | .. | 2005.08 | 35.40 | Glivec | NV |
| 9112N | Tablet 400 mg (as mesylate) | 30 | 2 | .. | 3863.70 | 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

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 | | | | | | |

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

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 Zalcberg 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.

Authority required

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 | .. | 2005.08 | 35.40 | Glivec | NV |
| 5444M | Tablet 400 mg (as mesylate) | 30 | 5 | .. | 3863.70 | 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) a completed authority prescription form;

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) a pathology report demonstrating HER2 positivity has been demonstrated by in situ hybridisation (ISH); (c) date of last treatment with a taxane and total number of cycles; (d) a signed patient acknowledgment; (e) dates of treatment with trastuzumab; and (f) date of demonstration of progression whilst on treatment with trastuzumab. | | | | | | |
| | <u>Note</u> 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. | | | | | | |
| | If treatment with a taxane 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]. | | | | | | |
| | <u>Authority required</u> 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. | | | | | | |
| | Authority applications must be made in writing and must include: (a) a completed authority prescription form; and (b) a statement from the prescribing doctor that the disease has not progressed. | | | | | | |
| | <u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | |
| 9148L | Tablet 250 mg (as ditosylate monohydrate) | 140 | 2 | .. | *3387.56 | 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

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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

(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.

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 \$ | |
| | 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. | | | | | | |
| | <p>4. Authority approval requirements.</p> <p>Response criteria to initial treatment with dasatinib or nilotinib:</p> <p>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).</p> <p>5. 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>6. 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> | | | | | | |
| 9171Q | Capsule 200 mg (as hydrochloride monohydrate) | 120 | 5 | .. | 5872.24 | 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:

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>(1) a completed authority prescription form; and</p> <p>(2) demonstration of continued response to treatment as evidenced by either:</p> <p>(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</p> <p>(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.</p> <p>Note</p> <p>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.</p> <p>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.</p> <p>1. Initial treatment - imatinib mesylate, dasatinib and nilotinib</p> <p>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.</p> <p>During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure of response.</p> <p>2. Continuing treatment with imatinib mesylate - first-line</p> <p>First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.</p> <p>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.</p> <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> | | | | | | | |
| 1309X | Capsule 150 mg (as hydrochloride monohydrate) | 120 | 5 | .. | 4467.97 | 35.40 | Tasigna 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 |
|--|---|-------------|-------------|---------|--|--|-----------------------------|
| SORAFENIB | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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; | | | | | | | |
| 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. | | | | | | | |
| <u>Note</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Note</u> | | | | | | | |
| Special Pricing Arrangements apply. | | | | | | | |
| 9380Q | Tablet 200 mg (as tosylate) | 120 | 2 | .. | *6457.18 | 35.40 | Nexavar BN |

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 | .. | 1834.30 | 35.40 | Sutent | PF |
| 9418Q | Capsule 25 mg (as malate) | 28 | 1 | .. | 3521.86 | 35.40 | Sutent | PF |
| 9419R | Capsule 50 mg (as malate) | 28 | 1 | .. | 6897.54 | 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 | .. | 1834.30 | 35.40 | Sutent | PF |
| 9421W | Capsule 25 mg (as malate) | 28 | 3 | .. | 3521.86 | 35.40 | Sutent | PF |
| 9422X | Capsule 50 mg (as malate) | 28 | 3 | .. | 6897.54 | 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

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

(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.

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 | .. | 1834.30 | 35.40 | Sutent | PF |
| 9489K | Capsule 25 mg (as malate) | 28 | 1 | .. | 3521.86 | 35.40 | Sutent | PF |
| 9490L | Capsule 50 mg (as malate) | 28 | 1 | .. | 6897.54 | 35.40 | Sutent | PF |

Other antineoplastic agents

| | | | | | | | | |
|--------------------|----------------|-----|----|----|-------|-------|--------|----|
| HYDROXYUREA | | | | | | | | |
| 3093T | Capsule 500 mg | 100 | .. | .. | 76.56 | 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 | .. | 125.97 | 35.40 | Provera | PF |
|-------|---------------|----|---|----|--------|-------|---------|----|

MEDROXYPROGESTERONE ACETATE

Restricted benefit

Hormone-dependent breast cancer;

Endometrial cancer.

| | | | | | | | | |
|-------|---------------|----|---|----|--------|-------|---------|----|
| 2316X | Tablet 200 mg | 60 | 2 | .. | 101.89 | 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 | |
|-------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 2725K | Tablet 100 mg | 100 | 2 | .. | 90.48 | 35.40 | Provera | PF |
| 2727M | Tablet 250 mg | 60 | 2 | .. | 125.75 | 35.40 | Provera | PF |

MEGESTROL ACETATE

Restricted benefit

Hormone-dependent advanced breast cancer.

| | | | | | | | | |
|-------|---------------|----|---|----|-------|-------|--------|----|
| 2734X | Tablet 160 mg | 30 | 2 | .. | 83.49 | 35.40 | Megace | QA |
|-------|---------------|----|---|----|-------|-------|--------|----|

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 | .. | 333.10 | 35.40 | Zoladex Implant | AP |
|-------|--|---|---|----|--------|-------|-----------------|----|

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 | .. | 1108.86 | 35.40 | Zoladex 10.8 Implant | AP |
|-------|---|---|---|----|---------|-------|----------------------|----|

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 | .. | 477.47 | 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 | .. | .. | 1248.39 | 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 | .. | 1527.47 | 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 | .. | 420.30 | 35.40 | Eligard 1 month | HH |
| 8708H | Suspension for subcutaneous injection (modified release), 22.5 mg injection set | 1 | 1 | .. | 1108.86 | 35.40 | Eligard 3 month | HH |
| 8709J | Suspension for subcutaneous injection (modified release), 30 mg injection set | 1 | 1 | .. | 1451.43 | 35.40 | Eligard 4 month | HH |
| 8859G | Suspension for subcutaneous injection (modified release), 45 mg injection set | 1 | .. | .. | 2124.08 | 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 | .. | 420.30 | 35.40 | Lucrin Depot 7.5mg PDS | VE |

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 | |
|-------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 8876E | I.M. injection (modified release), powder for injection 22.5 mg with diluent in pre-filled dual-chamber syringe | 1 | 1 | .. | 1108.86 | 35.40 | Lucrin Depot | VE |
| | | | | | | | 3 Month PDS | |
| 8877F | I.M. injection (modified release), powder for injection 30 mg with diluent in pre-filled dual-chamber syringe | 1 | 1 | .. | 1451.43 | 35.40 | Lucrin Depot | VE |
| | | | | | | | 4 Month PDS | |

TRIPTORELIN

Authority required (STREAMLINED)

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 | .. | .. | 2124.08 | 35.40 | Diphereline | IS |
| 9378N | Powder for I.M. injection (prolonged release) 3.75 mg (as embonate) with solvent, syringe and needles | 1 | 5 | .. | 420.30 | 35.40 | Diphereline | IS |
| 9379P | Powder for I.M. injection (prolonged release) 11.25 mg (as embonate) with solvent, syringe and needles | 1 | 1 | .. | 1108.86 | 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 NP | Tablet 10 mg (base) | 60 | 5 | .. | 37.36 | 35.40 | Genox 10 | AF |
|-------------|---------------------|----|---|----|-------|-------|----------|----|

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.

Note

For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------------|---------------------|----|---|-------------------|--------|-------|-------------------------------|----|
| 1880Y NP | Tablet 20 mg (base) | 60 | 5 | ^B 3.62 | *61.30 | 35.40 | ^a Nolvadex-D | AP |
| 2110C NP | Tablet 20 mg (base) | 60 | 5 | .. | 57.65 | 35.40 | ^a Genox 20 | AF |
| | | | | | | | ^a GenRx Tamoxifen | GX |
| | | | | | | | ^a Tamosin | QA |
| | | | | | | | ^a Tamoxen 20 mg | GM |
| | | | | | | | ^a Tamoxifen Sandoz | SZ |

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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|---|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty | Safety Net | |
| | | | | | \$ | \$ | |
| <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 | Tablet 250 mg | 100 | 5 | .. | 201.79 | 35.40 | ^a Eulexin MK |
| NP | | | | | | | ^a Flutamin AF |

NILUTAMIDE

Authority required (STREAMLINED)

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 orchidectomy.

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.

| | | | | | | | | |
|-------------|---------------|----|---|----|--------|-------|----------|----|
| 8131Y NP | Tablet 150 mg | 30 | 5 | .. | 236.66 | 35.40 | Anandron | SW |
|-------------|---------------|----|---|----|--------|-------|----------|----|

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 | .. | 152.48 | 35.40 | ^a Anastrol | QA |
| | | | | | | | ^a Anastrozole-DRLA | RZ |
| | | | | | | | ^a Anastrozole-GA | GM |
| | | | | | | | ^a Anastrozole GH | GQ |
| | | | | | | | ^a Anastrozole-PS | FZ |
| | | | | | | | ^a Anastrozole RBX | RA |
| | | | | | | | ^a Anastrozole Sandoz | SZ |
| | | | | | | | ^a Anastrozole Synthon | ZT |
| | | | | | | | ^a Anzole | WQ |
| | | | | | | | ^a APO-Anastrozole | TX |
| | | | | | | | ^a Arianna | AF |
| | | | | | | | ^a Arimidex | AP |
| | | | | | | | ^a Chem mart Anastrozole | CH |
| | | | | | | | ^a Terry White Chemists Anastrozole | TW |

EXEMESTANE

Restricted benefit

Treatment of hormone-dependent advanced breast cancer in post-menopausal women with disease progression following 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 | Maximum Recordable Value for | | Brand Name and Manufacturer |
|------------------|---|-------------|-------------|---------|------------------------|------------------------------------|--------------|--------------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| | 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 | Tablet 25 mg | 30 | 5 | .. | 152.48 | 35.40 | ^a | APO-Exemestane TX |
| NP | | | | | | | ^a | Aromasin PF |
| | | | | | | | ^a | Exaccord RA |
| | | | | | | | ^a | Exemestane Pfizer FZ |
| | | | | | | | ^a | Exemestane Sandoz SZ |
| 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. | | | | | | | |
| | 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 | Tablet 2.5 mg | 30 | 5 | .. | 152.48 | 35.40 | ^a | APO-Letrozole TX |
| NP | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Letrozole NV |
| | | | | | | | ^a | Femara 2.5 mg AF |
| | | | | | | | ^a | Femolet QA |
| | | | | | | | ^a | Fera FZ |
| | | | | | | | ^a | Letara TA |
| | | | | | | | ^a | Letrozole Actavis RZ |
| | | | | | | | ^a | Letrozole-DRLA GM |
| | | | | | | | ^a | Letrozole-GA GQ |
| | | | | | | | ^a | Letrozole generichealth RA |
| | | | | | | | ^a | Letrozole RBX SZ |
| | | | | | | | ^a | Letrozole Sandoz ZT |
| | | | | | | | ^a | Letrozole-Synthon WQ |
| | | | | | | | ^a | Lezole TW |
| | | | | | | | ^a | Terry White Chemists Letrozole |

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 hormone antagonists and related agents</i> | | | | | | | |
| DEGARELIX <u>Authority required (STREAMLINED)</u> 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 | .. | 420.30 | 35.40 | Firmagon 80mg FP |
| <hr/> | | | | | | | |
| DEGARELIX <u>Authority required (STREAMLINED)</u> 3229 Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate. | | | | | | | |
| <u>Note</u> 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 | .. | .. | 438.82 | 35.40 | Firmagon 120mg FP |

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.

| | | | | | | | | |
|-------|---|----|---|----|---------|-------|-----------|----|
| 8180M | Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe | 15 | 4 | .. | *506.32 | 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 | .. | *264.82 | 35.40 | Roferon-A | RO |
| 8552D | Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe | 5 | 4 | .. | *344.82 | 35.40 | Roferon-A | RO |
| 8553E | Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe | 5 | 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

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 | .. | *506.32 | 35.40 | Roferon-A | RO |
| 8182P | Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe | 5 | 5 | .. | *264.82 | 35.40 | Roferon-A | RO |

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 \$ | | |
| 8183Q | Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe | 5 | 5 | .. | *344.82 | 35.40 | Roferon-A | RO |
| 8184R | Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe | 5 | 5 | .. | *506.22 | 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 | .. | *606.13 | 35.40 | Intron A Redipen | MK |
|-------|---|---|---|----|---------|-------|------------------|----|

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 | .. | *606.13 | 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 | .. | *1005.85 | 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 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 | .. | 1056.87 | 35.40 | Avonex | BD |
| 8403G | Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose pre-filled syringe | 12 | 5 | .. | 1056.87 | 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 | .. | 1056.87 | 35.40 | Avonex | BD |
| 8968B | Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose autoinjector | 12 | 5 | .. | 1056.87 | 35.40 | Rebif 44 | SG |
| 9332E | Solution for injection 132 micrograms in 1.5 mL multidose cartridge | 4 | 5 | .. | 1056.87 | 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.

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 \$ | |
| 8101J | Injection set including 1 vial powder for injection 8,000,000 i.u. (250 micrograms) and solvent | 15 | 5 | .. | 1180.26 | 35.40 | Betaferon BN |

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 x 10 ⁸ CFU | 3 | 1 | .. | *459.97 | 35.40 | ImmuCyst SW |
|-------|---|---|---|----|---------|-------|-------------|

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 x 10 ⁸ CFU | 3 | 1 | .. | 556.49 | 35.40 | OncoTICE MK |
|-------|--|---|---|----|--------|-------|-------------|

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 | .. | 1092.75 | 35.40 | Copaxone CS |
|-------|--|----|---|----|---------|-------|-------------|

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.

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- 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.

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 \$ | |

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 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).

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

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 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)].

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.

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>Note</u> No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | |
| <u>Note</u> Special Pricing Arrangements apply. | | | | | | | |
| 1220F | Injection 125 mg in 1 mL single dose pre-filled syringe | 4 | 3 | .. | 1754.01 | 35.40 | Orencia BQ |

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

Antineoplastic and immunomodulating agents

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

(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.

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.

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 \$ | |

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:

- (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.

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 abatacept 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. | | | | | | | | |
| 1221G | Injection 125 mg in 1 mL single dose pre-filled syringe | 4 | 5 | .. | 1754.01 | 35.40 | Orencia | BQ |
| EVEROLIMUS | | | | | | | | |
| <u>Caution</u> Careful monitoring of patients is mandatory. | | | | | | | | |
| <u>Authority required</u> 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 | .. | 282.89 | 35.40 | Certican | NV |
| 8841H | Tablet 0.5 mg | 60 | 3 | .. | 543.93 | 35.40 | Certican | NV |
| 8842J | Tablet 0.75 mg | 120 | 3 | .. | *1578.72 | 35.40 | Certican | NV |
| 9352F | Tablet 1 mg | 120 | 3 | .. | *2068.86 | 35.40 | Certican | NV |
| FINGOLIMOD | | | | | | | | |
| <u>Authority required</u> 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; 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. | | | | | | | | |
| <u>Note</u> Special Pricing Arrangements apply. | | | | | | | | |
| 5262Y | Capsule 500 micrograms (as hydrochloride) | 28 | 5 | .. | 2313.08 | 35.40 | Gilenya | NV |
| LEFLUNOMIDE | | | | | | | | |
| <u>Caution</u> 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. | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> 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. | | | | | | | | |
| <u>Note</u> 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 | .. | .. | 175.74 | 35.40 | 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 |
|--|---|-------------|-------------|---------|--|--|--|
| LEFLUNOMIDE | | | | | | | |
| <u>Caution</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 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 | .. | 76.90 | 35.40 | ^a APO-Leflunomide TX ^a Arabloc AV ^a Arava SW ^a Lunava 10 ZP |
| 8375T | Tablet 20 mg | 30 | 5 | .. | 113.67 | 35.40 | ^a APO-Leflunomide TX ^a Arabloc AV ^a Arava SW ^a Lunava 20 ZP |
| <hr/> | | | | | | | |
| LEFLUNOMIDE | | | | | | | |
| <u>Caution</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 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 | .. | 76.90 | 35.40 | ^a Arabloc AV ^a Arava SW |
| 5450W | Tablet 20 mg | 30 | 5 | .. | 113.67 | 35.40 | ^a Arabloc AV ^a Arava SW |
| <hr/> | | | | | | | |
| MYCOPHENOLATE MOFETIL | | | | | | | |
| <u>Caution</u> | | | | | | | |
| Careful monitoring of patients is mandatory. | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Note</u> | | | | | | | |
| For item codes 8649F and 1836P, pharmaceutical benefits that have the form capsule 250 mg are equivalent for the purposes of substitution. | | | | | | | |
| 1836P | Capsule 250 mg | 300 | 3 | .. | *528.52 | 35.40 | ^a Ceptolate AF |
| 8649F | Capsule 250 mg | 300 | 3 | .. | *528.46 | 35.40 | ^a APO- TX ^a Mycophenolate ^a CellCept RO ^a Imulate QA ^a Mycophenolate SZ ^a Sandoz ^a Pharmacor CR ^a Mycophenolate 250 |

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 | | | | | | | | |
| <u>Caution</u> Careful monitoring of patients is mandatory. | | | | | | | | |
| <u>Authority required</u> 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. | | | | | | | | |
| 8650G | Tablet 500 mg | 150 | 3 | .. | *528.46 | 35.40 | ^a APO- Mycophenolate ^a CellCept ^a Ceptolate ^a Imulate ^a Mycophenolate Sandoz ^a Pharmacor Mycophenolate 500 | TX RO AF QA SZ CR |
| 8651H | Powder for oral suspension 1 g per 5 mL, 165 mL | 1 | 3 | .. | #290.03 | 35.40 | CellCept | RO |
| MYCOPHENOLATE SODIUM | | | | | | | | |
| <u>Caution</u> Careful monitoring of patients is mandatory. | | | | | | | | |
| <u>Authority required</u> 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 | .. | 225.28 | 35.40 | Myfortic | NV |
| 8653K | Tablet (enteric coated) 360 mg (mycophenolic acid) | 120 | 3 | .. | 426.03 | 35.40 | Myfortic | NV |
| SIROLIMUS | | | | | | | | |
| <u>Caution</u> Careful monitoring of patients is mandatory. | | | | | | | | |
| <u>Authority required</u> 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 | .. | 815.35 | 35.40 | Rapamune | PF |
| 8725F | Oral solution 1 mg per mL, 60 mL | 1 | 3 | .. | 529.84 | 35.40 | Rapamune | PF |
| 8833X | Tablet 2 mg | 100 | 3 | .. | 1583.79 | 35.40 | Rapamune | PF |
| 8984W | Tablet 0.5 mg | 100 | 3 | .. | 413.39 | 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.

Written applications for authority to prescribe adalimumab 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 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.

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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 time that an initial treatment authority application is submitted 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. 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; 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

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 \$ | |

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.

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.

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 | |
| | | | | | \$ | \$ | |
| <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 | .. | 1774.46 | 35.40 | Humira VE |
| 9099X | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 3 | .. | 1774.46 | 35.40 | Humira VE |

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.

(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

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 \$ | |

(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.

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

Antineoplastic and immunomodulating agents

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |
| | 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 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.

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

Antineoplastic and immunomodulating agents

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|-------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|----|
| | | | | | \$ | \$ | | |
| | 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 | .. | 1774.46 | 35.40 | Humira | VE |
| 9100Y | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 5 | .. | 1774.46 | 35.40 | Humira | VE |

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 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

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|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

(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
- (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

Antineoplastic and immunomodulating agents

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|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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 | .. | 1774.46 | 35.40 | Humira | VE |
| 9101B | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 3 | .. | 1774.46 | 35.40 | Humira | VE |

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

Antineoplastic and immunomodulating agents

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty | Safety Net | |
| | | | | | \$ | \$ | |

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 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.

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 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.

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 | .. | 1774.46 | 35.40 | Humira | VE |
|-------|--|---|---|----|---------|-------|--------|----|

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 \$ | |
| 9102C | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 5 | .. | 1774.46 | 35.40 | Humira VE |

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).

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.

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 \$ | |

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 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.

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 \$ | |

'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.

Authority required

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.

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 \$ | | |
| | 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. | | | | | | | |
| | 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. | | | | | | | |
| 9077R | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | 3 | .. | 1774.46 | 35.40 | Humira | VE |
| 9103D | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 3 | .. | 1774.46 | 35.40 | Humira | VE |

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

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 \$ | |

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.

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,

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 \$ | |

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-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.

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.

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 \$ | |
| 9078T | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | 5 | .. | 1774.46 | 35.40 | Humira VE |
| 9104E | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 5 | .. | 1774.46 | 35.40 | Humira VE |

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) 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).

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

Antineoplastic and immunomodulating agents

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| | | | | | Max. Qty \$ | Safety Net \$ | |

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.

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.

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 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.

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.

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 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:
 - 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)].

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 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:

(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)].

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 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).

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:

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 | |
| | | | | | \$ | \$ | |
| | (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 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) (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 of 16 weeks treatment of adalimumab 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 of therapy after the first 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 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.

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 | .. | .. | 5036.46 | 35.40 | Humira | VE |
| 9187M | Injection 40 mg in 0.8 mL pre-filled pen, 6 | 1 | .. | .. | 5036.46 | 35.40 | Humira | VE |
| 9188N | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | 2 | .. | 1774.46 | 35.40 | Humira | VE |
| 9190Q | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 2 | .. | 1774.46 | 35.40 | Humira | VE |

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 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 receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient

Antineoplastic and immunomodulating agents

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| | | | | | Max. Qty \$ | Safety Net \$ | |

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 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:

- has a documented history of severe refractory Crohn disease and was receiving treatment with adalimumab prior to 9 November 2007; and
- had a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 prior to commencing treatment with adalimumab. Where a

Antineoplastic and immunomodulating agents

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| | | | | | Max. Qty \$ | Safety Net \$ | |

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 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.

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 |
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| | | | | | Max. Qty \$ | Safety Net \$ | |

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
- (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

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

- (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
 - (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

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 |
|-------|--|-------------|-------------|---------|--|--|-----------------------------|
| | (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 | .. | 1774.46 | 35.40 | Humira VE |
| 9191R | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 5 | .. | 1774.46 | 35.40 | Humira VE |

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.

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

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | 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

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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.
- (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.

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 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.

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

Antineoplastic and immunomodulating agents

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| | | | | | Max. Qty \$ | Safety Net \$ | |
| | (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.

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 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.

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 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 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.

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.

| | | | | | | | | |
|-------|--|---|---|----|---------|-------|--------|----|
| 9425C | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | 4 | .. | 1774.46 | 35.40 | Humira | VE |
| 9426D | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 4 | .. | 1774.46 | 35.40 | Humira | VE |

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.

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

Antineoplastic and immunomodulating agents

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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

Antineoplastic and immunomodulating agents

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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 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.

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|---|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|----|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| <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>Authority required</p> <p>Continuing treatment (Face, hand, foot)</p> <p>Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:</p> <p>(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</p> <p>(b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with adalimumab; and</p> <p>(c) who have demonstrated an adequate response to treatment with adalimumab.</p> <p>An adequate response to adalimumab treatment is defined as the plaque or plaques assessed prior to biological treatment showing:</p> <p>(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</p> <p>(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 adalimumab, 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:</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 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 adalimumab will be authorised under this restriction.</p> <p>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.</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 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 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</p> <p>No applications for increased maximum quantities and/or repeats will be authorised.</p> | | | | | | | | |
| <p>Note</p> <p>Special Pricing Arrangements apply.</p> | | | | | | | | |
| 9427E | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | 5 | .. | 1774.46 | 35.40 | Humira | VE |
| 9428F | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 5 | .. | 1774.46 | 35.40 | Humira | VE |

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

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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.

A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to

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|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| | 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 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:

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| | | | | | Max. Qty \$ | Safety Net \$ | |
| | — 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
- (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.

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| | | | | | Max. Qty \$ | Safety Net \$ | |
| <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. 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.</p> <p>Authority required</p> <p>Initial 2 (change or re-commencement after break of less than 12 months).</p> <p>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:</p> <p>(a) has a documented history of juvenile idiopathic arthritis with onset prior to the age of 18 years; AND</p> <p>(b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or etanercept for this condition; and</p> <p>(c) has not failed PBS-subsidised therapy with adalimumab for this condition more than once in the current treatment cycle.</p> <p>The authority application must be made in writing and must include:</p> <p>(a) a completed authority prescription form; and</p> <p>(b) 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>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.</p> <p>A maximum of 16 weeks of treatment will be authorised under this restriction.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</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. 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.</p> | | | | | | | |
| 5281Y | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | 3 | .. | 1774.46 | 35.40 | Humira VE |
| 5282B | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 3 | .. | 1774.46 | 35.40 | Humira VE |

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.

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 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.

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

Antineoplastic and immunomodulating agents

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|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| | 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:

- (a) has a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years; 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) a signed patient acknowledgement.

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.

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 \$ | | |
| <u>Authority required</u> | | | | | | | | |
| 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 | .. | 1774.46 | 35.40 | Humira | VE |
| 5284D | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 5 | .. | 1774.46 | 35.40 | Humira | VE |

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

Antineoplastic and immunomodulating agents

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| | | | | | Max. Qty \$ | Safety Net \$ | |

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.

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.

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 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:

- (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

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 |
| 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.

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.

Note

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 | .. | .. | 5036.46 | 35.40 | Humira | VE |
| 8962Q | Injection 40 mg in 0.8 mL pre-filled pen, 6 | 1 | .. | .. | 5036.46 | 35.40 | Humira | VE |

Antineoplastic and immunomodulating agents

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|-------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |
| 8963R | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | 2 | .. | 1774.46 | 35.40 | Humira VE |
| 8965W | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 2 | .. | 1774.46 | 35.40 | Humira VE |

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.

(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

Antineoplastic and immunomodulating agents

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| | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Max. Qty \$ | Safety Net \$ | Brand Name and Manufacturer |
| Code | | | | | | | |
| 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.

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.

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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| | | | | | \$ | \$ | |

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.

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.

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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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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 | .. | 1774.46 | 35.40 | Humira | VE |
| 8966X | Injection 40 mg in 0.8 mL pre-filled pen | 2 | 5 | .. | 1774.46 | 35.40 | Humira | VE |

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.

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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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

| Code | Name, Restriction, Manner of 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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(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 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:

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| | | | | | Max. Qty \$ | Safety Net \$ | |
| | — 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 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.

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| | | | | | Max. Qty \$ | Safety Net \$ | |

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).

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.

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 certolizumab pegol under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. | | | | | | | |
| <u>Note</u> Special Pricing Arrangements apply. | | | | | | | |
| 3425G | Injection 200 mg in 1 mL single use pre-filled syringe | 2 | 5 | .. | 1708.74 | 35.40 | Cimzia UC |

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.

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

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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.

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

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.

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:

- 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

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 \$ | |

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.

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.

Authority required

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.

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 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.

Note

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

Note

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 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 9089J | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 3 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 9459W | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 3 | .. | 1774.47 | 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 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

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 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.

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

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 | |
| | | | | | \$ | \$ | |
| | 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 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;

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 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 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 9090K | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 5 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 9460X | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 5 | .. | 1774.47 | 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 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

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 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 biological agent at the time of the application or not.

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 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 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 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.

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 \$ | |

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 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.

| | | | | | | | | |
|-------|--|---|---|----|----------|-------|--------|----|
| 9035M | Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL | 2 | 3 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 9087G | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 3 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 9457R | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 3 | .. | 1774.47 | 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:

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 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.

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.

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) 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 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 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

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 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 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 9088H | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 5 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 9458T | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 5 | .. | 1774.47 | 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) 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

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 | |
| | 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.

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

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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

(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

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) 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.

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.

Note

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 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 9085E | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 3 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 9455P | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 3 | .. | 1774.47 | 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:

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 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.

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 \$ | |

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.

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.

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 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 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 9086F | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 5 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 9456Q | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 5 | .. | 1774.47 | 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.

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 \$ | |

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 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

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)];
 - (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.

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 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 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:

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) 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 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.

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 16 weeks of treatment with etanercept will be authorised under this restriction.</p> <p>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.</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 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.</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 etanercept 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 maximum quantities and/or repeats will be authorised.</p> <p><u>Note</u> Special Pricing Arrangements apply.</p> | | | | | | | |
| 9037P | Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL | 2 | 3 | .. | *1829.10 | 35.40 | Enbrel PF |
| 9091L | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 3 | .. | 1774.47 | 35.40 | Enbrel PF |
| 9461Y | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 3 | .. | 1774.47 | 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.

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 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 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.

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 \$ | |

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 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

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 |
| 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 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 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 9431J | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 5 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 9462B | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 5 | .. | 1774.47 | 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 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.

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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.

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

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| | | | | | Max. Qty \$ | Safety Net \$ | |

(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 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

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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 | |
|-------|--|-------------|-------------|---------|------------------------------------|--|-----------------------------|----|
| | | | | | \$ | \$ | | |
| | 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, 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 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 3446J | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 3 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 3447K | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 3 | .. | 1774.47 | 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:

Antineoplastic and immunomodulating agents

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|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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.

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.

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.

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

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).

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>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 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. 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.</p> | | | | | | | |
| 3448L | Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL | 2 | 5 | .. | *1829.10 | 35.40 | Enbrel PF |
| 3449M | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 5 | .. | 1774.47 | 35.40 | Enbrel PF |
| 3450N | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 5 | .. | 1774.47 | 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 PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of etanercept for patients under 18 years with severe chronic plaque psoriasis.

Applications under this restriction will be limited to provide patients with a maximum of 24 weeks of therapy. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment.

A patient may fail to respond to PBS-subsidised etanercept twice under this restriction. Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for 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 for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

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 \$ | |

- (i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or
- (ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Assessment of response to treatment.

When prescribing treatment with etanercept, 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 12 weeks 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 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.

A prescription for a further 8 weeks of treatment should be submitted with the PASI assessment. This will complete 24 weeks of treatment for eligible patients.

(4) 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 etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted 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 gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months, must requalify for treatment under the initial treatment restriction. The PASI assessments must not be older than 1 month at the time of application.

Authority required

Initial treatment [Whole body (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist of a patient under 18 years who:

- (a) has severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; and
- (b) has not received any prior PBS-subsidised treatment with etanercept for this condition; and
- (c) whose parent or authorised guardian has signed a patient acknowledgement; and
- (d) has failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 3 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 or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; and/or
 - (iii) 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 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 in Patients Less Than 18 Years 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

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

(iii) the parent or authorised guardian signed patient and prescriber acknowledgements.

A maximum of 24 weeks of treatment with etanercept will be authorised under this restriction. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance of treatment, a further 8 weeks treatment, will be authorised if the submitted PASI assessment shows an adequate demonstrated response to treatment.

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 a further 8 weeks of treatment under this restriction, 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 initial 16 week treatment course to ensure continuity of treatment for those patients who meet the eligibility criterion for a further 8 weeks of PBS-subsidised etanercept treatment.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, when compared with the pre-etanercept treatment baseline value.

Authority required

Re-Treatment [Whole body (Received prior etanercept under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for a patient under 18 years who has:

- (a) a documented history of severe chronic plaque psoriasis; and
- (b) received prior PBS-subsidised treatment with etanercept for this condition; and
- (c) not failed PBS-subsidised therapy with etanercept for the treatment of this condition more than once 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 in Patients Less Than 18 Years 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 etanercept treatment, including date.

A total maximum of 24 weeks of treatment with etanercept will be authorised under this restriction. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance of treatment, a further 8 weeks treatment, will be authorised if the submitted PASI assessment shows an adequate demonstrated response to treatment.

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 a further 8 weeks of treatment under this restriction, 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 initial 16 week treatment course to ensure continuity of treatment for those patients who meet the eligibility criterion for a further 8 weeks of PBS-subsidised etanercept treatment.

Authority required

Initial treatment [Face, hand, foot (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist of a patient under 18 years who:

- (a) has 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) has not received any prior PBS-subsidised treatment with etanercept for this condition; and
- (c) whose parent or authorised guardian has signed a patient acknowledgement; and
- (d) has failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 3 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or

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 \$ | |
| | (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; and/or | | | | | | |
| | (iii) 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 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 in Patients Less Than 18 Years 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 parent or authorised guardian signed patient and prescriber acknowledgements.

A maximum of 24 weeks of treatment with etanercept will be authorised under this restriction. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance of treatment, a further 8 weeks treatment, will be authorised if the submitted PASI assessment shows an adequate demonstrated response to treatment.

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 a further 8 weeks of treatment under this restriction, 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 initial 16 week treatment course to ensure continuity of treatment for those patients who meet the eligibility criterion for a further 8 weeks of PBS-subsidised etanercept treatment.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, when compared with the pre-etanercept treatment baseline value.

Authority required

Re-Treatment [Face, hand, foot (Received prior etanercept under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for a patient under 18 years who has:

- (a) a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) received prior PBS-subsidised treatment with etanercept for this condition; and
- (c) not failed PBS-subsidised therapy with etanercept for the treatment of this condition more than once 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 in Patients Less Than 18 Years 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 etanercept treatment, including date.

A total maximum of 24 weeks of treatment with etanercept will be authorised under this restriction. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance of treatment, a further 8 weeks treatment, will be authorised if the submitted

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

PASI assessment shows an adequate demonstrated response to treatment.

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 a further 8 weeks of treatment under this restriction, 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 initial 16 week treatment course to ensure continuity of treatment for those patients who meet the eligibility criterion for a further 8 weeks of PBS-subsidised etanercept treatment.

Note

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

Note

Special Pricing Arrangements apply.

| | | | | | | | | |
|-------|--|---|---|----|----------|-------|--------|----|
| 1954W | Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL | 2 | 3 | .. | *1829.10 | 35.40 | Enbrel | PF |
| 1963H | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | 3 | .. | 1774.47 | 35.40 | Enbrel | PF |
| 1964J | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | 3 | .. | 1774.47 | 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.

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 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.

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.

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 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

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

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 | |
| | — 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
- (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

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|-------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|----|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| | 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. | | | | | | | |
| | <u>Authority required</u> | | | | | | | |
| | 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). | | | | | | | |
| | 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. | | | | | | | |
| | 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. | | | | | | | |
| | 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. | | | | | | | |
| | <u>Note</u> | | | | | | | |
| | Special Pricing Arrangements apply. | | | | | | | |
| 3426H | Injection 50 mg in 0.5 mL single use pre-filled syringe | 1 | 3 | .. | 1777.39 | 35.40 | Simponi | JC |
| 3427J | Injection 50 mg in 0.5 mL single use pre-filled pen | 1 | 3 | .. | 1777.39 | 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

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| | | | | | Max. Qty \$ | Safety Net \$ | |

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 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:

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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 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.

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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)].

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 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.

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.

Note

Special Pricing Arrangements apply.

| | | | | | | | | |
|-------|---|---|---|----|---------|-------|---------|----|
| 3428K | Injection 50 mg in 0.5 mL single use pre-filled syringe | 1 | 5 | .. | 1777.39 | 35.40 | Simponi | JC |
| 3429L | Injection 50 mg in 0.5 mL single use pre-filled pen | 1 | 5 | .. | 1777.39 | 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

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 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.

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,

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 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 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).

Antineoplastic and immunomodulating agents

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for | Maximum | Brand Name and Manufacturer | |
|-------|--|-------------|-------------|---------|------------------------|---------------------------------------|-----------------------------|----|
| | | | | | Max. Qty | Recordable Value for Safety Net | | |
| | \$ | \$ | | | | | | |
| | 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. | | | | | | | |
| | <u>Authority required</u> | | | | | | | |
| | 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: | | | | | | | |
| | (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. | | | | | | | |
| | <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. | | | | | | | |
| 3430M | Injection 50 mg in 0.5 mL single use pre-filled syringe | 1 | 3 | .. | 1777.39 | 35.40 | Simponi | JC |
| 3431N | Injection 50 mg in 0.5 mL single use pre-filled pen | 1 | 3 | .. | 1777.39 | 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 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.

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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.

(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:

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) 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: 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 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. | | | | | | |
| | 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. | | | | | | |
| 3432P | Injection 50 mg in 0.5 mL single use pre-filled syringe | 1 | 5 | .. | 1777.39 | 35.40 | Simponi JC |
| 3433Q | Injection 50 mg in 0.5 mL single use pre-filled pen | 1 | 5 | .. | 1777.39 | 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).

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 \$ | |

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.

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

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 \$ | |

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.

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

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 \$ | |

(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 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:

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) 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 | .. | 1777.39 | 35.40 | Simponi JC |
| 3435T | Injection 50 mg in 0.5 mL single use pre-filled pen | 1 | 3 | .. | 1777.39 | 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) 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.

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 \$ | |

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.

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

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:

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) 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 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. | | | | | | |
| | 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. | | | | | | |
| 3436W | Injection 50 mg in 0.5 mL single use pre-filled syringe | 1 | 5 | .. | 1777.39 | 35.40 | Simponi JC |
| 3437X | Injection 50 mg in 0.5 mL single use pre-filled pen | 1 | 5 | .. | 1777.39 | 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.

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 \$ | |

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 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

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

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.
- (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.

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 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.

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.

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 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 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.

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 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.

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 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.

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.

Note

Special Pricing Arrangements apply.

| | | | | | | | | |
|-------|---------------------------|---|---|----|---------|-------|---------|----|
| 9304Q | Injection 45 mg in 0.5 mL | 1 | 2 | .. | 4601.52 | 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

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 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 '(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.

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 \$ | |

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

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:

Antineoplastic and immunomodulating agents

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| | | | | | Max. Qty | Safety Net | |
| | | | | | \$ | \$ | |
| (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.

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

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.

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.

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 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 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

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 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. | | | | | | | |
| 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. | | | | | | | |
| <u>Note</u> No applications for increased repeats will be authorised. | | | | | | | |
| <u>Note</u> Special Pricing Arrangements apply. | | | | | | | |
| 9305R | Injection 45 mg in 0.5 mL | 1 | 1 | .. | 4601.52 | 35.40 | Stelara JC |

Calcineurin inhibitors

CYCLOSPORIN

Caution

Careful monitoring of patients is mandatory.

Authority required

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 | .. | *94.52 | 35.40 | Neoral 10 | NV |
| 8658Q | Capsule 25 mg | 60 | 3 | .. | *97.34 | 35.40 | ^a Cyclosporin Sandoz | SZ |
| | | | | | | | ^a Neoral 25 | NV |
| 8659R | Capsule 50 mg | 60 | 3 | .. | *195.48 | 35.40 | ^a Cyclosporin Sandoz | SZ |
| | | | | | | | ^a Neoral 50 | NV |
| 8660T | Capsule 100 mg | 60 | 3 | .. | *374.54 | 35.40 | ^a Cyclosporin Sandoz | SZ |
| | | | | | | | ^a Neoral 100 | NV |
| 8661W | Oral liquid 100 mg per mL, 50 mL | 2 | 3 | .. | *712.76 | 35.40 | Neoral | NV |

Antineoplastic and immunomodulating agents

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|---|---|-------------|-------------|---------|------------------------|------------------------------------|--------------------------------|----|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| 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 | .. | 64.69 | 35.40 | Prograf XL | JC |
| 5300Y | Capsule 1 mg (once daily prolonged release) | 60 | 3 | .. | 236.01 | 35.40 | Prograf XL | JC |
| 5451X | Capsule 5 mg (once daily prolonged release) | 30 | 3 | .. | 556.42 | 35.40 | Prograf XL | JC |
| 8646C | Capsule 0.5 mg | 100 | 3 | .. | 200.40 | 35.40 | ^a Prograf | JC |
| | | | | | | | ^a Tacrolimus Sandoz | SZ |
| 8647D | Capsule 1 mg | 100 | 3 | .. | 377.01 | 35.40 | ^a Prograf | JC |
| | | | | | | | ^a Tacrolimus Sandoz | SZ |
| 8648E | Capsule 5 mg | 50 | 3 | .. | 922.54 | 35.40 | ^a Prograf | JC |
| | | | | | | | ^a Tacrolimus Sandoz | SZ |

Other immunosuppressants

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 | .. | 48.16 | 35.40 | ^a Azamun | GM |
| | | | | | | | ^a Azapin | QA |
| | | | | | | | ^a Azathioprine-PS | FZ |
| | | | | | | | ^a Azathioprine Sandoz | SZ |
| | | | | | | | ^a GenRx | GX |
| | | | | | | | ^a Azathioprine | AS |
| | | | | | | | ^a Imuran | AF |
| 2688L NP | Tablet 25 mg | 100 | 5 | .. | 31.61 | 32.72 | ^a Azathioprine | SZ |
| | | | | | | | ^a Sandoz Imuran | AS |

METHOTREXATE

| | | | | | | | | |
|-------|---------------|----|---|----|-------|-------|----------------------------------|----|
| 1622J | Tablet 2.5 mg | 30 | 5 | .. | 13.22 | 14.33 | ^a Hospira Pty Limited | HH |
| | | | | | | | ^a Methoblastin | PF |
| 2272N | Tablet 10 mg | 15 | 3 | .. | 21.94 | 23.05 | Methoblastin | PF |

METHOTREXATE

Restricted benefit

For patients requiring doses greater than 20 mg per week.

| | | | | | | | | |
|-------|--------------|----|---|----|-------|-------|--------------|----|
| 1623K | Tablet 10 mg | 50 | 2 | .. | 45.38 | 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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 | .. | *25.02 | 26.13 | 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. | 100 | 3 | .. | *12.84 | 13.95 | ^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 | *15.16 | 13.95 | ^a Voltaren 25 | NV |
| 1300K NP | Tablet 50 mg (enteric coated) | 50 | 3 | .. | 10.92 | 12.03 | ^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 | 13.26 | 12.03 | ^a Voltaren 50 | NV |
| 2757D NP | INDOMETHACIN Suppository 100 mg | 40 | 3 | .. | *22.60 | 23.71 | Indocid | AS |
| <hr/> | | | | | | | | |
| 2454E NP | INDOMETHACIN <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease. | 100 | 3 | .. | *12.52 | 13.63 | ^a Arthrexin | AF |
| | | | | ^B 2.02 | *14.54 | 13.63 | ^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 | .. | 14.95 | 16.06 | ^a Chem mart Meloxicam 7.5 mg ^a GenRx Meloxicam GX ^a Meloxibell GQ ^a Meloxicam-GA GM ^a Meloxicam-PS FZ ^a Meloxicam Ranbaxy RA ^a Meloxicam Sandoz SZ ^a Movalis 7.5 QA ^a Moxicam 7.5 AF ^a Pharmacor Meloxicam 7.5 CR ^a Terry White Chemists Meloxicam 7.5 mg TW |
| 8887R NP | Capsule 7.5 mg | 30 | 3 | ^B 1.35 .. | 16.30 14.95 | 16.06 16.06 | ^a Mobic BY ^a APO-Meloxicam TX ^a Chem mart Meloxicam CH ^a Melox 7.5 GM ^a Mobic BY ^a Movalis 7.5 QA ^a Terry White Chemists Meloxicam 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 | .. | 18.83 | 19.94 | ^a Chem mart Meloxicam CH |

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 | |
|--|---|-------------|-------------|-------------------|--|--|-------------------------------|----|
| | | | | | | | 15 mg | |
| | | | | | | | ^a GenRx Meloxicam | GX |
| | | | | | | | ^a Meloxicam | GQ |
| | | | | | | | ^a Meloxicam-GA | GM |
| | | | | | | | ^a Meloxicam-PS | FZ |
| | | | | | | | ^a Meloxicam | RA |
| | | | | | | | Ranbaxy | |
| | | | | | | | ^a Meloxicam Sandoz | SZ |
| | | | | | | | ^a Movalis 15 | QA |
| | | | | | | | ^a Moxicam 15 | AF |
| | | | | | | | ^a Pharmacor | CR |
| | | | | | | | Meloxicam 15 | |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | Chemists | |
| | | | | | | | Meloxicam | |
| | | | | ^B 1.34 | 20.17 | 19.94 | ^a Mobic | BY |
| 8888T | Capsule 15 mg | 30 | 3 | .. | 18.83 | 19.94 | ^a APO-Meloxicam | TX |
| NP | | | | | | | | |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | Meloxicam | |
| | | | | | | | ^a Melox 15 | GM |
| | | | | | | | ^a Mobic | BY |
| | | | | | | | ^a Movalis 15 | QA |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | Chemists | |
| | | | | | | | Meloxicam | |
| PIROXICAM | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Chronic arthropathies (including osteoarthritis) with an inflammatory component. | | | | | | | | |
| 1895R | Dispersible tablet 10 mg | 50 | 3 | .. | 12.30 | 13.41 | Mobilis D-10 | AF |
| NP | | | | | | | | |
| 1896T | Dispersible tablet 20 mg | 25 | 3 | .. | 12.02 | 13.13 | ^a Mobilis D-20 | AF |
| NP | | | | | | | | |
| | | | | ^B 2.95 | 14.97 | 13.13 | ^a Feldene-D | PF |
| 1897W | Capsule 10 mg | 50 | 3 | .. | 12.30 | 13.41 | ^a Chem mart | CH |
| NP | | | | | | | Piroxicam | |
| | | | | | | | ^a GenRx Piroxicam | GX |
| | | | | | | | ^a Mobilis 10 | AF |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | Chemists | |
| | | | | | | | Piroxicam | |
| | | | | ^B 2.52 | 14.82 | 13.41 | ^a Feldene | PF |
| 1898X | Capsule 20 mg | 25 | 3 | .. | 12.02 | 13.13 | ^a Chem mart | CH |
| NP | | | | | | | Piroxicam | |
| | | | | | | | ^a GenRx Piroxicam | GX |
| | | | | | | | ^a Mobilis 20 | AF |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | Chemists | |
| | | | | | | | Piroxicam | |
| | | | | ^B 2.49 | 14.51 | 13.13 | ^a Feldene | PF |

Propionic acid derivatives

| | | | | | | | | |
|------------------|---------------|----|----|----|------|-------|--------|----|
| IBUPROFEN | | | | | | | | |
| 3192B | Tablet 400 mg | 30 | .. | .. | 9.29 | 10.40 | Brufen | AB |
| NP,MW | | | | | | | | |

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 | |
|--|---|-------------|-------------|-------------------|--|--|------------------------------|----|
| IBUPROFEN | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Chronic arthropathies (including osteoarthritis) with an inflammatory component; | | | | | | | | |
| Bone pain due to malignant disease. | | | | | | | | |
| 3190X NP | Tablet 400 mg | 90 | 3 | .. | *14.83 | 15.94 | Brufen | AB |
| KETOPROFEN | | | | | | | | |
| 1588N NP | Suppository 100 mg | 40 | 3 | .. | *25.40 | 26.51 | Orudis | SW |
| KETOPROFEN | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Chronic arthropathies (including osteoarthritis) with an inflammatory component. | | | | | | | | |
| 1590Q NP | Capsule 200 mg (sustained release) | 28 | 3 | .. | 19.20 | 20.31 | ^a Oruvail SR | AV |
| | | | | ^B 2.21 | 21.41 | 20.31 | ^a Orudis SR 200 | SW |
| NAPROXEN | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Chronic arthropathies (including osteoarthritis) with an inflammatory component; | | | | | | | | |
| Bone pain due to malignant disease. | | | | | | | | |
| 1614Y NP | Tablet 750 mg (sustained release) | 28 | 3 | .. | 12.18 | 13.29 | ^a Proxen SR 750 | MD |
| | | | | ^B 1.22 | 13.40 | 13.29 | ^a Naprosyn SR750 | RO |
| 1615B NP | Tablet 1 g (sustained release) | 28 | 3 | .. | 14.06 | 15.17 | ^a Proxen SR 1000 | MD |
| | | | | ^B 1.29 | 15.35 | 15.17 | ^a Naprosyn SR1000 | RO |
| 1659H NP | Tablet 500 mg | 50 | 3 | .. | 12.68 | 13.79 | ^a Inza 500 | AF |
| | | | | ^B 1.30 | 13.98 | 13.79 | ^a Naprosyn | RO |
| 1674D NP | Tablet 250 mg | 100 | 3 | .. | *13.44 | 14.55 | ^a Inza 250 | AF |
| | | | | ^B 2.24 | *15.68 | 14.55 | ^a Naprosyn | RO |
| 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. | | | | | | | | |
| 1795L NP | Tablet 550 mg | 50 | 3 | .. | 12.87 | 13.98 | ^a Crysanal | MD |
| | | | | ^B 2.17 | 15.04 | 13.98 | ^a Anaprox 550 | RO |
| TIAPROFENIC ACID | | | | | | | | |
| <u>Caution</u> | | | | | | | | |
| Cystitis and other urinary disorders have been reported with this drug. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| The recommended maximum dose is 600 mg per day. | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Chronic arthropathies (including osteoarthritis) with an inflammatory component. | | | | | | | | |
| 2103Q NP | Tablet 300 mg | 60 | 3 | .. | 17.68 | 18.79 | Surgam | SW |

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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

Fenamates

MEFENAMIC ACID

Restricted benefit

Dysmenorrhoea;

Menorrhagia.

| | | | | | | | | |
|-------------|----------------|----|---|----|-------|-------|---------|----|
| 1824B NP | Capsule 250 mg | 50 | 2 | .. | 18.26 | 19.37 | Ponstan | PF |
|-------------|----------------|----|---|----|-------|-------|---------|----|

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.

| | | | | | | | | |
|-------------|----------------|----|---|----|-------|-------|----------|----|
| 8439E NP | Capsule 100 mg | 60 | 3 | .. | 32.41 | 33.52 | Celebrex | PF |
| 8440F NP | Capsule 200 mg | 30 | 3 | .. | 32.41 | 33.52 | Celebrex | PF |

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 NP | Tablet 200 mg | 100 | 1 | .. | 32.69 | 33.80 | ^a APO-Hydroxychloroquine | TX |
| | | | | | | | ^a Chem mart Hydroxychloroquine | CH |
| | | | | | | | ^a Plaquenil | SW |
| | | | | | | | ^a Terry White Chemists Hydroxychloroquine | TW |

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 NP | Tablet 3 mg | 60 | 5 | .. | 63.65 | 35.40 | Ridaura | GH |
| 2022K NP | Capsule 3 mg | 60 | 5 | .. | 779.09 | 35.40 | Ridaura | BZ |

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 NP | Injection 10 mg | 10 | .. | .. | 67.13 | 35.40 | Myocrisin | SW |
| 2017E NP | Injection 20 mg | 10 | 1 | .. | 102.77 | 35.40 | Myocrisin | SW |
| 2018F NP | Injection 50 mg | 10 | 1 | .. | 152.57 | 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 | .. | 31.73 | 32.84 | D-Penamine | AL |
| 2838J NP | Tablet 250 mg | 100 | 1 | .. | 53.39 | 35.40 | D-Penamine | AL |

Muscle relaxants

Muscle relaxants, centrally acting agents

Other centrally acting agents

BACLOFEN

| | | | | | | | | |
|-------------|--------------|-----|---|-------------------|-------|-------|--|----|
| 2729P NP | Tablet 10 mg | 100 | 5 | .. | 23.32 | 24.43 | ^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 | 24.82 | 24.43 | ^a Lioresal 10 | NV |
| 2730Q NP | Tablet 25 mg | 100 | 5 | .. | 42.97 | 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 | 44.26 | 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 | .. | 72.14 | 35.40 | Dantrium | PF |
| 1780Q NP | Capsule 50 mg | 100 | 2 | .. | 81.91 | 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

Preparations inhibiting uric acid production

ALLOPURINOL

Note

The dose should be adjusted in accordance with renal function.

Note

For item codes 2600W and 1557Y, pharmaceutical benefits that have the form tablet 100 mg are equivalent for the purposes of substitution.

| | | | | | | | | | |
|-------------|---------------|-----|---|-------------------|--------|-------|--------------|--------------------|----|
| 1557Y NP | Tablet 100 mg | 200 | 2 | .. | *12.96 | 14.07 | ^a | Progout 100 | AF |
| 2600W NP | Tablet 100 mg | 200 | 2 | .. | 12.96 | 14.07 | ^a | Allopurinol Sandoz | SZ |
| | | | | | | | ^a | Allosig | FM |
| | | | | | | | ^a | Chem mart | CH |
| | | | | | | | ^a | Allopurinol | |
| | | | | | | | ^a | GenRx Allopurinol | GX |
| | | | | | | | ^a | Terry White | TW |
| | | | | | | | ^a | Chemists | |
| | | | | ^B 2.85 | 15.81 | 14.07 | ^a | Allopurinol | |
| | | | | | | | ^a | Zyloprim | QA |

ALLOPURINOL

Note

The dose should be adjusted in accordance with renal function.

| | | | | | | | | | |
|-------------|---------------|----|---|-------------------|-------|-------|--------------|--------------------|----|
| 2604C NP | Tablet 300 mg | 60 | 2 | .. | 10.33 | 11.44 | ^a | Allopurinol Sandoz | SZ |
| | | | | | | | ^a | Allosig | FM |
| | | | | | | | ^a | Chem mart | CH |
| | | | | | | | ^a | Allopurinol | |
| | | | | | | | ^a | GenRx Allopurinol | GX |
| | | | | | | | ^a | Progout 300 | AF |
| | | | | | | | ^a | Terry White | TW |
| | | | | | | | ^a | Chemists | |
| | | | | ^B 2.85 | 13.18 | 11.44 | ^a | Allopurinol | |
| | | | | | | | ^a | Zyloprim | QA |

Preparations increasing uric acid excretion

PROBENECID

| | | | | | | | | | |
|-------------|---------------|-----|---|----|-------|-------|--|---------|----|
| 1940D NP | Tablet 500 mg | 100 | 5 | .. | 75.79 | 35.40 | | Pro-Cid | PL |
|-------------|---------------|-----|---|----|-------|-------|--|---------|----|

Preparations with no effect on uric acid metabolism

COLCHICINE

| | | | | | | | | | |
|-------------|-----------------------|----|---|-------------------|-------|-------|--------------|---------|----|
| 3410L NP | Tablet 500 micrograms | 30 | 5 | .. | 11.10 | 12.21 | ^a | Lengout | LN |
| | | | | ^B 0.85 | 11.95 | 12.21 | ^a | Colgout | AS |

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 \$ | |
| 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.

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.

| | | | | | | | | | | |
|-------------|--|---|---|----|-------|-------|-------------------|--|-------|--------------|
| 8511Y NP | Tablet equivalent to 70 mg alendronic acid | 4 | 5 | .. | 27.62 | 28.73 | ^a | Adronat | AF | |
| | | | | | | | ^a | Alendrobell 70mg | GQ | |
| | | | | | | | ^a | Alendronate-GA | GM | |
| | | | | | | | ^a | Alendronate Sandoz | SZ | |
| | | | | | | | ^a | Alendro Once Weekly | QA | |
| | | | | | | | ^a | APO-Alendronate | TX | |
| | | | | | | | ^a | Chem mart Alendronate 70mg | CH | |
| | | | | | | | ^a | Densate 70 | DO | |
| | | | | | | | ^a | Ossmax 70mg | RA | |
| | | | | | | | ^a | Terry White Chemists Alendronate 70mg | TW | |
| | | | | | | | ^B 2.50 | 30.12 | 28.73 | ^a |
| | | | | | | | | | | |
| | | | | | | | | | | |

ALENDRONATE 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.

| | | | | | | | | | |
|-------------|--|----|---|----|-------|-------|--|---------------|----|
| 8090T NP | Tablet equivalent to 40 mg alendronic acid | 30 | 5 | .. | 73.17 | 35.40 | | Fosamax 40 mg | MK |
|-------------|--|----|---|----|-------|-------|--|---------------|----|

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 | .. | .. | 250.22 | 35.40 ^a | Aredia 15 mg NV |
| 8461H NP | Concentrated injection 15 mg in 5 mL | 4 | .. | .. | *250.24 | 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 | .. | .. | 250.22 | 35.40 ^a | Aredia 30 mg NV |
| 8462J NP | Concentrated injection 30 mg in 10 mL | 2 | .. | .. | *250.22 | 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 | .. | .. | 250.20 | 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 | .. | 342.44 | 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 | .. | 46.65 | 35.40 | Actonel SW |
| 8621R NP | Tablet 35 mg | 4 | 5 | .. | 46.65 | 35.40 | ^a Acris Once-a-Week AF |
| | | | | | | | ^a APO-Risedronate TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Risedronate GM |
| | | | | | | | ^a Risedronate-GA SZ |
| | | | | | | | ^a Risedronate Sandoz |
| | | | | | | | ^a Risedro once a week QA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | | | | ^a Risedronate |
| 8972F NP | Tablet 35 mg (enteric coated) | 4 | 5 | .. | 46.65 | 35.40 | Actonel EC SW |
| 9391G NP | Tablet 150 mg | 1 | 5 | .. | 49.63 | 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 | .. | 259.89 | 35.40 | Actonel SW |
|-------------|--------------|----|---|----|--------|-------|------------|

SODIUM CLODRONATE TETRAHYDRATE

Restricted benefit

Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy;

Multiple myeloma;

Bone metastases from breast cancer.

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 | | | | | | | | |
| 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 | .. | 334.18 | 35.40 | Bonefos | BN |
| 8265B NP | Tablet equivalent to 800 mg sodium clodronate | 60 | 2 | .. | 391.54 | 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 | .. | 304.72 | 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 | .. | .. | 589.27 | 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 | .. | .. | 589.27 | 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 |
|--|--|-------------|-------------|-------------------|--|--|-------------------------------|
| Bisphosphonates, combinations | | | | | | | |
| 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 | .. | 45.26 | 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 | .. | 45.26 | 35.40 ^a | Dronalen Plus GM |
| | | | | ^B 2.50 | 47.76 | 35.40 ^a | Fosamax Plus 70 mg/140 mcg MK |

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 | |
| | \$ | \$ | | | | | |
| ALENDRONATE SODIUM with COLECALCIFEROL and CALCIUM CARBONATE | | | | | | | |
| <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. | | | | | | | |
| 9351E NP | Pack containing 4 tablets containing the equivalent of 70 mg alendronic acid with 140 micrograms colecalciferol and 48 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium) | ¥1 | 5 | .. | 45.26 | 35.40 | ^a Dronalen Plus D-Cal FR |
| | | | | | | ^a | Fosamax Plus D-Cal MK |
| RISEDRONATE SODIUM and CALCIUM CARBONATE | | | | | | | |
| <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. | | | | | | | |
| 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 | .. | 46.65 | 35.40 | Acris Combi AF |
| 8973G NP | Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to | ¥1 | 5 | .. | 46.65 | 35.40 | Actonel EC Combi SW |

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 \$ | |
| | 500 mg calcium) | | | | | | |

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 | .. | 46.65 | 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 | .. | 46.65 | 35.40 | Actonel Combi D | SW |

Other drugs affecting bone structure and mineralization

CALCITRIOL

Authority required (STREAMLINED)

1165

Hypocalcaemia due to renal disease;

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 | .. | 37.41 | 35.40 | ^a Calciprox | GN |
| | | | | | | | ^a Calcitriol-GA | GM |
| | | | | | | | ^a Calcitriol-PS | FZ |
| | | | | | | | ^a Calcitriol Sandoz | SZ |
| | | | | | | | ^a GenRx Calcitriol | GX |
| | | | | | | | ^a Kosteo | QA |

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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| | | | | | | ^a | Rocaltrol |
| | | | | | | ^a | Sical |

DENOSUMAB

Authority required

Bone metastases from breast cancer;

Bone metastases from castration-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 | .. | 532.07 | 35.40 | Xgeva | AN |
|-------------|----------------------------|---|---|----|--------|-------|-------|----|

DENOSUMAB

Authority required (STREAMLINED)

4054

Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a woman 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;

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 | .. | .. | 298.79 | 35.40 | Prolia | AN |
|-------------|--|---|----|----|--------|-------|--------|----|

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 | .. | 57.97 | 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.

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)

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 | .. | 53.44 | 35.40 | Protos 2 g | SE |
|-------------|---|----|---|----|-------|-------|------------|----|

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 |
|-------|---|---|---|----|--------|-------|--------|----|

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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

Nervous system

Analgesics

Opioids

Natural opium alkaloids

| | | | | | | | | |
|--|---------------------|----|----|-------------------|-------|-------|---|----|
| CODEINE PHOSPHATE | | | | | | | | |
| 1214X NP | Tablet 30 mg | 20 | .. | .. | 16.97 | 18.08 | Fawns and McAllan Proprietary Limited | FM |
| CODEINE PHOSPHATE with PARACETAMOL | | | | | | | | |
| Note | | | | | | | | |
| 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 | .. | .. | 7.58 | 8.69 | ^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 2.80 | 10.38 | 8.69 | ^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 | .. | .. | *9.70 | 10.81 | ^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 8.40 | *18.10 | 10.81 | ^a Panadeine Forte | SW |

HYDROMORPHONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

| | | | | | | | | |
|-------------|---------------------------|---|----|----|-------|-------|-------------|----|
| 8420E NP | Injection 2 mg in 1 mL | 5 | .. | .. | 22.94 | 24.05 | Dilaudid | MF |
| 8421F NP | Injection 10 mg in 1 mL | 5 | .. | .. | 29.07 | 30.18 | Dilaudid-HP | MF |
| 8422G NP | Injection 50 mg in 5 mL | 5 | .. | .. | 52.10 | 35.40 | Dilaudid-HP | MF |
| 8423H NP | Injection 500 mg in 50 mL | 1 | .. | .. | 75.51 | 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 | .. | .. | 31.05 | 32.16 | Jurnista | JC |
| 9406C NP | Tablet 8 mg (modified release) | 14 | .. | .. | 36.51 | 35.40 | Jurnista | JC |
| 9407D NP | Tablet 16 mg (modified release) | 14 | .. | .. | 52.92 | 35.40 | Jurnista | JC |
| 9408E NP | Tablet 32 mg (modified release) | 14 | .. | .. | 88.80 | 35.40 | Jurnista | JC |
| 9409F NP | Tablet 64 mg (modified release) | 14 | .. | .. | 149.48 | 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 | .. | .. | 63.80 | 35.40 | Dilaudid | MF |
| 8541M NP | Tablet 2 mg | 20 | .. | .. | 17.20 | 18.31 | Dilaudid | MF |
| 8542N NP | Tablet 4 mg | 20 | .. | .. | 19.95 | 21.06 | Dilaudid | MF |
| 8543P NP | Tablet 8 mg | 20 | .. | .. | 30.13 | 31.24 | 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 | .. | .. | 20.43 | 21.54 | Ordine 2 | MF |
| 2123R NP | Oral solution 5 mg per mL, 200 mL | 1 | .. | .. | 22.83 | 23.94 | Ordine 5 | MF |
| 2124T NP | Oral solution 10 mg per mL, 200 mL | 1 | .. | .. | 26.96 | 28.07 | Ordine 10 | MF |

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

| | | | | | | | | |
|----------------|-------------------------|---|----|----|-------|-------|---------------------|----|
| 1644M NP,MW | Injection 10 mg in 1 mL | 5 | .. | .. | 14.09 | 15.20 | Hospira Pty Limited | HH |
| 1645N NP,MW | Injection 15 mg in 1 mL | 5 | .. | .. | 14.45 | 15.56 | Hospira Pty Limited | HH |
| 1647Q NP | Injection 30 mg in 1 mL | 5 | .. | .. | 15.87 | 16.98 | 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 | .. | .. | 14.41 | 15.52 | Sevredol | MF |
| 8670H NP | Tablet 20 mg | 20 | .. | .. | 15.36 | 16.47 | 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 | .. | .. | 14.13 | 15.24 | Anamorph | FM |
| <hr/> | | | | | | | | |
| 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 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 | .. | .. | 20.14 | 21.25 | ^a APOTEX- MORPHINE MR | TX |
| | | | | | | | ^a Momex SR 10 | QA |
| | | | | | | | ^a MS Contin | MF |
| 1654C NP | Tablet 30 mg (controlled release) | 28 | .. | .. | 35.99 | 35.40 | ^a APOTEX- MORPHINE MR | TX |
| | | | | | | | ^a Momex SR 30 | QA |
| | | | | | | | ^a MS Contin | MF |
| 1655D NP | Tablet 60 mg (controlled release) | 28 | .. | .. | 54.58 | 35.40 | ^a APOTEX- MORPHINE MR | TX |
| | | | | | | | ^a Momex SR 60 | QA |
| | | | | | | | ^a MS Contin | MF |
| 1656E NP | Tablet 100 mg (controlled release) | 28 | .. | .. | 72.61 | 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) | 28 | .. | .. | 25.11 | 26.22 | Kapanol | GK |
| 2840L NP | Capsule 50 mg (containing sustained release pellets) | 28 | .. | .. | 43.41 | 35.40 | Kapanol | GK |
| 2841M NP | Capsule 100 mg (containing sustained release pellets) | 28 | .. | .. | 70.57 | 35.40 | Kapanol | GK |
| 8035X NP | Tablet 5 mg (controlled release) | 28 | .. | .. | 17.69 | 18.80 | MS Contin | MF |
| 8146R NP | Sachet containing controlled release granules for oral suspension, 30 mg per sachet | 28 | .. | .. | 62.17 | 35.40 | MS Contin Suspension 30 mg | MF |
| 8305D NP | Sachet containing controlled release granules for oral suspension, 60 mg per sachet | 28 | .. | .. | 69.97 | 35.40 | MS Contin Suspension 60 mg | MF |
| 8306E NP | Sachet containing controlled release granules for oral suspension, 100 mg per sachet | 28 | .. | .. | 86.47 | 35.40 | MS Contin Suspension 100 mg | MF |
| 8349K NP | Capsule 10 mg (containing sustained release pellets) | 28 | .. | .. | 20.13 | 21.24 | Kapanol | GK |
| 8489T NP | Tablet 15 mg (controlled release) | 28 | .. | .. | 24.33 | 25.44 | 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 | .. | .. | 60.39 | 35.40 | MS Contin Suspension 20 mg | MF |
| 8491X NP | Capsule 30 mg (controlled release) | 14 | .. | .. | 24.32 | 25.43 | MS Mono | MF |
| 8492Y NP | Capsule 60 mg (controlled release) | 14 | .. | .. | 35.97 | 35.40 | MS Mono | MF |
| 8493B NP | Capsule 90 mg (controlled release) | 14 | .. | .. | 41.52 | 35.40 | MS Mono | MF |
| 8494C NP | Capsule 120 mg (controlled release) | 14 | .. | .. | 54.57 | 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 | .. | .. | 121.96 | 35.40 | MS Contin | MF |
| 8454Y NP | Sachet containing controlled release granules for oral suspension, 200 mg per sachet | 28 | .. | .. | 163.85 | 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 | .. | .. | 30.77 | 31.88 | Hospira Pty Limited | HH |
|-------------|----------------------------|---|----|----|-------|-------|---------------------|----|

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 | .. | .. | 43.76 | 35.40 | Proladone | PL |
|-------------|-------------------|----|----|----|-------|-------|-----------|----|

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 | .. | .. | 12.40 | 13.51 | Endone QA |
| 8464L NP | Capsule 5 mg | 20 | .. | .. | 12.40 | 13.51 | OxyNorm MF |
| 8501K NP | Capsule 10 mg | 20 | .. | .. | 15.52 | 16.63 | OxyNorm MF |
| 8502L NP | Capsule 20 mg | 20 | .. | .. | 20.25 | 21.36 | OxyNorm MF |
| 8644Y NP | Oral solution 5 mg per 5 mL, 250 mL | 1 | .. | .. | 20.82 | 21.93 | 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 | .. | .. | 27.19 | 28.30 | OxyContin MF |
| 8386J NP | Tablet 20 mg (controlled release) | 28 | .. | .. | 41.07 | 35.40 | OxyContin MF |
| 8387K NP | Tablet 40 mg (controlled release) | 28 | .. | .. | 62.70 | 35.40 | OxyContin MF |
| 8388L NP | Tablet 80 mg (controlled release) | 28 | .. | .. | 96.82 | 35.40 | OxyContin MF |
| 8681X NP | Tablet 5 mg (controlled release) | 28 | .. | .. | 26.10 | 27.21 | OxyContin MF |
| 9399Q NP | Tablet 15 mg (controlled release) | 28 | .. | .. | 35.57 | 35.40 | OxyContin MF |
| 9400R NP | Tablet 30 mg (controlled release) | 28 | .. | .. | 52.79 | 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 | .. | .. | 29.47 | 30.58 | Targin 5/2.5mg MF |
| 8934F NP | Tablet 10 mg-5 mg (controlled release) | 28 | .. | .. | 30.77 | 31.88 | Targin 10/5mg MF |
| 8935G NP | Tablet 20 mg-10 mg (controlled release) | 28 | .. | .. | 46.95 | 35.40 | Targin 20/10mg MF |
| 8936H NP | Tablet 40 mg-20 mg (controlled release) | 28 | .. | .. | 73.38 | 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 | .. | .. | 41.63 | 35.40 ^a | Denpax | AF |
| 5437E NP | Transdermal patch 2.063 mg (releasing approximately 12 micrograms per hour) | 5 | .. | .. | 41.63 | 35.40 ^a | Fenpatch 12 | ZP |
| 8878G NP | Transdermal patch 2.1 mg (releasing approximately 12 micrograms per hour) | 5 | .. | .. | 41.63 | 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 | .. | .. | 49.56 | 35.40 ^a | Denpax AF |
| 5438F NP | Transdermal patch 4.125 mg (releasing approximately 25 micrograms per hour) | 5 | .. | .. | 49.56 | 35.40 ^a | Fenpatch 25 ZP |
| 8891Y NP | Transdermal patch 4.2 mg (releasing approximately 25 micrograms per hour) | 5 | .. | .. | 49.56 | 35.40 ^a | Durogesic 25 JC |
| | | | | | | ^a | Fentanyl Sandoz SZ |
| 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 | .. | .. | 81.68 | 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 | .. | .. | 81.68 | 35.40 ^a | Fenpatch 50 | ZP |
| 8892B NP | Transdermal patch 8.4 mg (releasing approximately 50 micrograms per hour) | 5 | .. | .. | 81.68 | 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 | .. | .. | 108.47 | 35.40 ^a | Denpax | AF |
| 5440H NP | Transdermal patch 12.375 mg (releasing approximately 75 micrograms per hour) | 5 | .. | .. | 108.47 | 35.40 ^a | Fenpatch 75 | ZP |
| 8893C NP | Transdermal patch 12.6 mg (releasing approximately 75 micrograms per hour) | 5 | .. | .. | 108.47 | 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 | .. | .. | 132.40 | 35.40 | ^a | Denpax AF |
| 5441J NP | Transdermal patch 16.5 mg (releasing approximately 100 micrograms per hour) | 5 | .. | .. | 132.40 | 35.40 | ^a | Fenpatch 100 ZP |
| 8894D NP | Transdermal patch 16.8 mg (releasing approximately 100 micrograms per hour) | 5 | .. | .. | 132.40 | 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 | .. | .. | 49.41 | 35.40 | Physeptone | QA |
| 1609Q NP | Tablet 10 mg | 20 | .. | .. | 15.33 | 16.44 | 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 | .. | .. | 26.80 | 27.91 | Norspan | MF |
| 8866P NP | Transdermal patch 10 mg (releasing approximately 10 micrograms per hour) | 2 | .. | .. | 40.87 | 35.40 | Norspan | MF |
| 8867Q NP | Transdermal patch 20 mg (releasing approximately 20 micrograms per hour) | 2 | .. | .. | 56.18 | 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 | .. | .. | 8.49 | 9.60 | ^a APO-Tramadol | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a GA Tramadol 50mg | GM |
| | | | | | | | ^a GenRx Tramadol | GX |
| | | | | | | | ^a Lodam 50 | ZP |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | ^a Tramadol Sandoz | SZ |
| | | | | | | | ^a Tramedo | AF |
| | | | | | | | ^a Zydol | QA |
| | | | | ^B 2.41 | 10.90 | 9.60 | ^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 | .. | 8.49 | 9.60 | ^a APO-Tramadol | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a GA Tramadol 50mg | GM |
| | | | | | | | ^a GenRx Tramadol | GX |
| | | | | | | | ^a Lodam 50 | ZP |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | ^a Tramadol Sandoz | SZ |
| | | | | | | | ^a Tramedo | AF |
| | | | | | | | ^a Zydol | QA |
| | | | | ^B 2.41 | 10.90 | 9.60 | ^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 | .. | .. | 10.26 | 11.37 | Tramal SR 50 CS |
| 8523N NP | Tablet 100 mg (twice daily sustained release) | 20 | .. | .. | 11.86 | 12.97 | ^a APO-Tramadol SR TX |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Tramadol SR |
| | | | | | | | ^a GA Tramadol SR GM |
| | | | | | | | ^a 100mg |
| | | | | | | | ^a Lodam SR 100 ZP |
| | | | | | | | ^a Terry White TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Tramadol SR |
| | | | | | | | ^a Tramadol Sandoz SZ |
| | | | | | | | ^a SR |
| | | | | | | | ^a Tramedo SR 100 AF |
| | | | | | | | ^a Zydol SR 100 QA |
| | | | | ^B 4.50 | 16.36 | 12.97 | ^a Tramal SR 100 CS |
| 8524P NP | Tablet 150 mg (twice daily sustained release) | 20 | .. | .. | 13.72 | 14.83 | ^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 TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Tramadol SR |
| | | | | | | | ^a Tramadol Sandoz SZ |
| | | | | | | | ^a SR |
| | | | | | | | ^a Tramedo SR 150 AF |
| | | | | | | | ^a Zydol SR 150 QA |
| | | | | ^B 5.37 | 19.09 | 14.83 | ^a Tramal SR 150 CS |
| 8525Q NP | Tablet 200 mg (twice daily sustained release) | 20 | .. | .. | 15.28 | 16.39 | ^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 TW |
| | | | | | | | ^a Chemists |
| | | | | | | | ^a Tramadol SR |
| | | | | | | | ^a Tramadol Sandoz SZ |
| | | | | | | | ^a SR |
| | | | | | | | ^a Tramedo SR 200 AF |
| | | | | | | | ^a Zydol SR 200 QA |
| | | | | ^B 6.09 | 21.37 | 16.39 | ^a Tramal SR 200 CS |
| 8843K NP | Oral drops 100 mg per mL, 10 mL | ±1 | .. | .. | 13.81 | 14.92 | Tramal CS |
| 9199E NP | Tablet 100 mg (once a day extended release) | 10 | .. | .. | 11.51 | 12.62 | Durotram XR IA |
| 9200F NP | Tablet 200 mg (once a day extended release) | 10 | .. | .. | 13.65 | 14.76 | Durotram XR IA |
| 9201G NP | Tablet 300 mg (once a day extended release) | 10 | .. | .. | 16.12 | 17.23 | 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 | .. | .. | 13.20 | 14.31 ^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 | .. | 8.27 | 9.38 | Solprin RC |
| <i>Anilides</i> | | | | | | | |
| PARACETAMOL | | | | | | | |
| 1746X NP | Tablet 500 mg | 100 | 1 | .. | 8.42 | 9.53 ^a | APO-Paracetamol TX |
| | | | | | | ^a | Febridol GM |
| | | | | | | ^a | Generic Health Pty Ltd GQ |
| | | | | | | ^a | Panamax SW |
| | | | | | | ^a | Paracetamol Sandoz SZ |
| | | | | | | ^a | Paralgin FM |
| 1747Y NP | Oral liquid 120 mg per 5 mL, 100 mL | ‡1 | 2 | .. | 9.48 | 10.59 | Panamax SW |
| 1770E NP | Oral liquid 240 mg per 5 mL, 200 mL | ‡1 | 2 | .. | 10.78 | 11.89 | Panamax 240 Elixir SW |
| PARACETAMOL | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Chronic arthropathies. | | | | | | | |
| 8784H NP | Tablet 500 mg | 300 | 4 | .. | *12.22 | 13.33 ^a | APO-Paracetamol TX |
| | | | | | | ^a | Febridol GM |
| | | | | | | ^a | Generic Health Pty Ltd GQ |
| | | | | | | ^a | Panamax SW |
| | | | | | | ^a | Paracetamol Sandoz SZ |
| | | | | | | ^a | Paralgin FM |
| PARACETAMOL | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Relief of persistent pain associated with osteoarthritis. | | | | | | | |
| 8814X NP | Tablet 665 mg (modified release) | 192 | 5 | .. | *16.74 | 17.85 | Panadol Osteo GC |

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 \$ | |

Antimigraine preparations

Ergot alkaloids

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 | .. | *45.06 | 35.40 | Deseril | LM |
|-------------|-------------|-----|---|----|--------|-------|---------|----|

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 | .. | 24.85 | 25.96 | Relpax | PF |
| 5291L NP | Tablet 80 mg (as hydrobromide) | 4 | 5 | .. | 24.85 | 25.96 | 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 | .. | *25.22 | 26.33 | Maxalt | MK |
|-------------|---------------------------|---|---|----|--------|-------|--------|----|

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.

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 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. | | | | | | | |
| 1849H NP | Tablet 50 mg (as succinate) | 4 | 5 | .. | 24.48 | 25.59 | ^a Pharmacor Sumatriptan 50 ^a Sumatriptan-GA ^a Sumatriptan generichealth ^a Sumatriptan-PS CR GM GQ FZ |
| 8144P NP | Tablet 50 mg (as succinate) | 4 | 5 | .. | *24.48 | 25.59 | ^a APO-Sumatriptan ^a Chem mart Sumatriptan ^a Sumagran 50 ^a Sumagran Aspen 50 ^a Sumatab ^a Terry White Chemists Sumatriptan TX CH QA AS AF TW |
| 8885P NP | Tablet (fast disintegrating) 50 mg (as succinate) | 4 | 5 | .. | ^B 1.84 *24.48 | 25.59 | ^a Imigran ^a Imigran FDT GK 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 | .. | 19.35 | 20.46 | Imigran | GK |
|-------------|--|---|---|----|-------|-------|---------|----|

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 | .. | 14.29 | 15.40 | Periactin | AS |
|-------------|-------------|-----|---|----|-------|-------|-----------|----|

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.

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 |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|
| 3074T NP | Tablet 500 micrograms (base) | 100 | 2 | .. | 21.85 | 22.96 | 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 | .. | 16.70 | 17.81 | Aspen Pharma Pty Ltd | QA |
|-------------|--------------|-----|---|----|-------|-------|----------------------|----|

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 | .. | .. | 39.12 | 35.40 | Fawns and McAllan Proprietary Limited | FM |
|-------------|--------------------------|---|----|----|-------|-------|---------------------------------------|----|

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 | .. | 83.59 | 35.40 | Mysoline | LM |
|-------------|---------------|-----|---|----|-------|-------|----------|----|

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 | .. | 43.66 | 35.40 | Dilantin Infatabs | PF |
| 2692Q NP | Paediatric oral suspension 30 mg per 5 mL, 500 mL | £1 | 3 | .. | 26.50 | 27.61 | 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 | .. | 29.28 | 30.39 | Dilantin Sodium | PF |
| 1874P NP | Capsule 100 mg | 200 | 2 | .. | 30.22 | 31.33 | Dilantin Sodium | PF |

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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

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 | .. | 54.20 | 35.40 | Zarontin | PF |
| 1414K NP | Paediatric syrup 250 mg per 5 mL, 200 mL | 1 | 5 | .. | 25.39 | 26.50 | 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 | .. | *19.60 | 20.71 ^a | Paxam 0.5 | AF |
| | | | | ^B 3.42 | *23.02 | 20.71 ^a | Rivotril | RO |
| 1806C NP | Tablet 2 mg | 200 | 2 | .. | *31.16 | 32.27 ^a | Paxam 2 | AF |
| | | | | ^B 3.86 | *35.02 | 32.27 ^a | Rivotril | RO |
| 1808E NP | Oral liquid 2.5 mg per mL, 10 mL | 2 | .. | .. | *15.14 | 16.25 | 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 | .. | .. | 18.68 | 19.79 | Rivotril | RO |
|-------------|---|---|----|----|-------|-------|----------|----|

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 | .. | *9.32 | 10.43 ^a | Alodorm | AF |
| | | | | ^B 2.90 | *12.22 | 10.43 ^a | Mogadon | VT |

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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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.

Note

For item codes 2422L and 1708X, pharmaceutical benefits that have the form tablet 100 mg are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------------|---------------|-----|---|-------------------|--------|--------------------|-------------------------|----|
| 1708X NP | Tablet 100 mg | 200 | 2 | .. | 18.61 | 19.72 ^a | Carbamazepine Sandoz | SZ |
| 2422L NP | Tablet 100 mg | 200 | 2 | ^B 2.96 | *21.56 | 19.71 ^a | Tegretol 100 | NV |

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.

Note

For item codes 2419H and 1706T, pharmaceutical benefits that have the form tablet 200 mg are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------------|---------------|-----|---|-------------------|--------|--------------------|-------------------------|----|
| 1706T NP | Tablet 200 mg | 200 | 2 | ^B 2.96 | *32.06 | 30.21 ^a | Tegretol 200 | NV |
| 2419H NP | Tablet 200 mg | 200 | 2 | .. | 29.12 | 30.23 ^a | Carbamazepine Sandoz | SZ |
| | | | | | | ^a | Teril | AF |

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.

| | | | | | | | | |
|-------------|---|-----|---|----|-------|-------|-----------------|----|
| 2426Q NP | Tablet 200 mg (controlled release) | 200 | 2 | .. | 29.58 | 30.69 | Tegretol CR 200 | NV |
| 2427R NP | Oral suspension 100 mg per 5 mL, 300 mL | ‡1 | 5 | .. | 21.45 | 22.56 | Tegretol Liquid | NV |
| 2431Y NP | Tablet 400 mg (controlled release) | 200 | 2 | .. | 49.12 | 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 NP | Tablet 150 mg | 100 | 5 | .. | 72.37 | 35.40 | Trileptal | NV |
| 8585W NP | Tablet 300 mg | 100 | 5 | .. | 115.18 | 35.40 | Trileptal | NV |
| 8586X NP | Tablet 600 mg | 100 | 5 | .. | 188.08 | 35.40 | Trileptal | NV |
| 8588B NP | Oral suspension 60 mg per mL, 250 mL | 2 | 5 | .. | *138.22 | 35.40 | Trileptal | NV |

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 |
|--|---|-------------|-------------|-------------------|--|--|---|
| 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 NP | Tablet 200 mg (enteric coated) | 200 | 2 | .. | *30.02 | 31.13 | ^a Sodium Valproate Sandoz |
| | | | | | | | ^a Valprease 200 QA |
| | | | | | | | ^a Valpro 200 AF |
| | | | | | | | ^a Valproate Winthrop EC 200 WA |
| | | | | ^B 2.00 | *32.02 | 31.13 | ^a Epilim EC SW |
| 2290M NP | Tablet 500 mg (enteric coated) | 200 | 2 | .. | *51.48 | 35.40 | ^a Sodium Valproate Sandoz |
| | | | | | | | ^a Valprease 500 QA |
| | | | | | | | ^a Valpro 500 AF |
| | | | | | | | ^a Valproate Winthrop EC 500 WA |
| | | | | ^B 2.00 | *53.48 | 35.40 | ^a Epilim EC SW |
| 2293Q NP | Oral liquid 200 mg per 5 mL, 300 mL | 2 | 2 | .. | *35.02 | 35.40 | Epilim Liquid SW |
| 2294R NP | Crushable tablet 100 mg | 200 | 2 | .. | *32.10 | 33.21 | Epilim SW |
| 2295T NP | Syrup 200 mg per 5 mL, 300 mL | 2 | 2 | .. | *35.02 | 35.40 | Epilim Syrup SW |
| 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 NP | Tablet 5 mg (base) | 100 | 5 | .. | *72.74 | 35.40 | Gabitril OA |
| 8222R NP | Tablet 10 mg (base) | 100 | 5 | .. | *138.94 | 35.40 | Gabitril OA |
| 8223T NP | Tablet 15 mg (base) | 100 | 5 | .. | *196.98 | 35.40 | Gabitril OA |
| 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 NP | Tablet 500 mg | 100 | 5 | .. | 101.03 | 35.40 | Sabril SW |
| 2668K NP | Oral powder, sachet 500 mg | 60 | 5 | .. | 67.80 | 35.40 | Sabril 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 |
|--|---|-------------|-------------|-------------------|--|--|-----------------------------------|
| Other antiepileptics | | | | | | | |
| GABAPENTIN | | | | | | | |
| <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. | | | | | | | |
| 1834M NP | Capsule 300 mg | 100 | 5 | .. | 45.19 | 35.40 | ^a DBL Gabapentin HH |
| | | | | | | | ^a Gabapentin 300 CR |
| | | | | | | | ^a Gabapentin-GA GM |
| | | | | | | | ^a Gabapentin Sandoz SZ |
| | | | | | | | ^a Gabatine 300 QA |
| | | | | | | | ^a Gantin GN |
| | | | | | | | ^a GenRx Gabapentin GX |
| | | | | | | | ^a Nupentin 300 AF |
| | | | | ^B 1.95 | 47.14 | 35.40 | ^a Neurontin PF |
| 1835N NP | Capsule 400 mg | 100 | 5 | .. | 57.78 | 35.40 | ^a DBL Gabapentin HH |
| | | | | | | | ^a Gabapentin 400 CR |
| | | | | | | | ^a Gabapentin Sandoz SZ |
| | | | | | | | ^a Gabatine 400 QA |
| | | | | | | | ^a Gantin GN |
| | | | | | | | ^a GenRx Gabapentin GX |
| | | | | | | | ^a Nupentin 400 AF |
| | | | | ^B 1.95 | 59.73 | 35.40 | ^a Neurontin PF |
| 8389M NP | Tablet 800 mg | 100 | 5 | .. | 115.00 | 35.40 | ^a Gabaran RA |
| | | | | | | | ^a Gabatine 800 QA |
| | | | | | | | ^a Gantin GN |
| | | | | | | | ^a GenRx Gabapentin GX |
| | | | | | | | ^a Nupentin Tabs AF |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Gabapentin 800 |
| | | | | ^B 1.95 | 116.95 | 35.40 | ^a Neurontin PF |
| 8505P NP | Capsule 100 mg | 100 | 5 | .. | 18.28 | 19.39 | ^a APO-Gabapentin TX |
| | | | | | | | ^a DBL Gabapentin HH |
| | | | | | | | ^a Gabatine 100 QA |
| | | | | | | | ^a Nupentin 100 AF |
| | | | | ^B 1.95 | 20.23 | 19.39 | ^a Neurontin PF |
| 8559L NP | Tablet 600 mg | 100 | 5 | .. | 87.89 | 35.40 | ^a Gabaran RA |
| | | | | | | | ^a Gabatine 600 QA |
| | | | | | | | ^a GenRx Gabapentin GX |
| | | | | | | | ^a Nupentin Tabs AF |
| | | | | | | | ^a Pharmacor CR |
| | | | | | | | ^a Gabapentin 600 |
| | | | | ^B 1.96 | 89.85 | 35.40 | ^a Neurontin PF |

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 |
|---|---|-------------|-------------|-------------------|--|--|------------------------------------|
| LACOSAMIDE | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Note</u> | | | | | | | |
| No applications for increased maximum quantities will be authorised for the 56 tablet packs of the 150 mg and 200 mg strengths. | | | | | | | |
| <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. | | | | | | | |
| 9333F NP | Tablet 50 mg | 14 | 1 | .. | 30.31 | 31.42 | Vimpat UC |
| 9334G NP | Tablets 100 mg, 14 | 1 | 1 | .. | 52.39 | 35.40 | Vimpat UC |
| 9335H NP | Tablet 100 mg | 56 | 5 | .. | 188.55 | 35.40 | Vimpat UC |
| 9336J NP | Tablets 150 mg, 14 | 1 | 1 | .. | 74.79 | 35.40 | Vimpat UC |
| 9337K NP | Tablet 150 mg | 56 | 5 | .. | 272.74 | 35.40 | Vimpat UC |
| 9338L NP | Tablet 200 mg | 56 | 5 | .. | 355.48 | 35.40 | Vimpat UC |
| LAMOTRIGINE | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 1426 | | | | | | | |
| Treatment of 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. | | | | | | | |
| 2848X NP | Tablet 25 mg | 56 | 5 | .. | 23.78 | 24.89 | ^a APO-Lamotrigine TX |
| | | | | | | | ^a GenRx Lamotrigine GX |
| | | | | | | | ^a Lamidus RA |
| | | | | | | | ^a Lamogine AF |
| | | | | | | | ^a Lamotrigine-GA GN |
| | | | | | | | ^a Lamotrigine GQ |
| | | | | | | | ^a generichealth |
| | | | | | | | ^a Lamotrigine-PS FZ |
| | | | | | | | ^a Lamotrigine Sandoz SZ |
| | | | | | | | ^a Lamotruster 25 MI |
| | | | | | | | ^a Seaze 25 QA |
| | | | | | | | ^a Torlemo DT 25 TA |
| | | | | ^B 1.86 | 25.64 | 24.89 | ^a Lamictal GK |
| 2849Y NP | Tablet 50 mg | 56 | 5 | .. | 35.30 | 35.40 | ^a APO-Lamotrigine TX |
| | | | | | | | ^a GenRx Lamotrigine GX |
| | | | | | | | ^a Lamidus RA |
| | | | | | | | ^a Lamogine AF |
| | | | | | | | ^a Lamotrigine-GA GN |
| | | | | | | | ^a Lamotrigine GQ |
| | | | | | | | ^a generichealth |

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 |
|--|---|-------------|-------------|---------|--|--|--|
| 8655M NP | Tablet 500 mg | 60 | 5 | .. | 75.26 | 35.40 | ^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 |
| | | | | | | | ^a APO-Levetiracetam TX |
| | | | | | | | ^a Chem mart Levetiracetam CH |
| | | | | | | | ^a Kepcet GM |
| | | | | | | | ^a Keppra UC |
| | | | | | | | ^a Kerron 500 DO |
| | | | | | | | ^a Kevtam AF |
| | | | | | | | ^a Levecetam 500 RZ |
| | | | | | | | ^a Levetiracetam generichealth GQ |
| | | | | | | | ^a Levetiracetam SZ SZ |
| | | | | | | | 8656N NP |
| ^a Levitam 500 QA | | | | | | | |
| ^a Terry White Chemists TW | | | | | | | |
| ^a Levetiracetam | | | | | | | |
| ^a APO-Levetiracetam TX | | | | | | | |
| ^a Chem mart Levetiracetam CH | | | | | | | |
| ^a Kepcet GM | | | | | | | |
| ^a Keppra UC | | | | | | | |
| ^a Kerron 1000 DO | | | | | | | |
| ^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 TW | | | | | | | |
| ^a Levetiracetam | | | | | | | |
| <hr/> | | | | | | | |
| LEVETIRACETAM | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 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. | | | | | | | |
| <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. | | | | | | | |
| 9169N NP | Oral solution 100 mg per mL, 300 mL | ±1 | 5 | .. | 111.52 | 35.40 | Keppra 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 | |
|--|---|-------------|-------------|---------|--|--|--------------------------------|----|
| SULTHIAMIDE | | | | | | | | |
| <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. | | | | | | | | |
| 2099L NP | Tablet 50 mg | 200 | 2 | .. | 82.57 | 35.40 | Ospolot | PL |
| 2100M NP | Tablet 200 mg | 200 | 2 | .. | 206.09 | 35.40 | Ospolot | PL |
| 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>Authority required (STREAMLINED)</u> | | | | | | | | |
| 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. | | | | | | | | |
| <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. | | | | | | | | |
| 8163P NP | Tablet 25 mg | 60 | 5 | .. | 36.57 | 35.40 | ^a APO-Topiramate | TX |
| | | | | | | | ^a Epiramax 25 | QA |
| | | | | | | | ^a RBX Topiramate | RA |
| | | | | | | | ^a Tamate | AF |
| | | | | | | | ^a Topamax | JC |
| | | | | | | | ^a Topiramate-GA | GM |
| | | | | | | | ^a Topiramate Sandoz | SZ |
| 8164Q NP | Tablet 50 mg | 60 | 5 | .. | 53.91 | 35.40 | ^a APO-Topiramate | TX |
| | | | | | | | ^a Epiramax 50 | QA |
| | | | | | | | ^a RBX Topiramate | RA |
| | | | | | | | ^a Tamate | AF |
| | | | | | | | ^a Topamax | JC |
| | | | | | | | ^a Topiramate-GA | GM |
| | | | | | | | ^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 | .. | 80.74 | 35.40 | ^a APO-Topiramate | TX |
| | | | | | | | ^a Epiramax 100 | 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 | |
|-------------|---|-------------|-------------|---------|--|--|--------------------------------|----|
| 8166T NP | Tablet 200 mg | 60 | 5 | .. | 131.19 | 35.40 | ^a RBX Topiramate | RA |
| | | | | | | | ^a Tamate | AF |
| | | | | | | | ^a Topamax | JC |
| | | | | | | | ^a Topiramate-GA | GM |
| | | | | | | | ^a Topiramate Sandoz | SZ |
| | | | | | | | ^a APO-Topiramate | TX |
| | | | | | | | ^a Epiramax 200 | QA |
| | | | | | | | ^a RBX Topiramate | RA |
| | | | | | | | ^a Tamate | AF |
| | | | | | | | ^a Topamax | JC |
| | | | | | | | ^a Topiramate-GA | GM |
| | | | | | | | ^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.

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 | .. | 28.38 | 29.49 | Topamax Sprinkle | JC |
| 8372P NP | Capsule 25 mg | 60 | 5 | .. | 36.08 | 35.40 | Topamax Sprinkle | JC |
| 8520K NP | Capsule 50 mg | 60 | 5 | .. | 53.86 | 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 | .. | 22.90 | 24.01 | Zonegran | SA |
| 9389E NP | Capsule 50 mg | 56 | 5 | .. | 33.82 | 34.93 | Zonegran | SA |
| 9390F NP | Capsule 100 mg | 112 | 5 | .. | *93.56 | 35.40 | Zonegran | SA |

Anti-Parkinson drugs

Anticholinergic agents

Tertiary amines

BENZHEXOL HYDROCHLORIDE

| | | | | | | | | |
|-------------|-------------|-----|---|----|-------|-------|--------|----|
| 1109J NP | Tablet 2 mg | 200 | 2 | .. | 15.42 | 16.53 | Artane | QA |
| 1110K NP | Tablet 5 mg | 200 | 1 | .. | 22.11 | 23.22 | Artane | 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 | |
|--|---|-------------|-------------|---------|--|--|-----------------------------|----|
| BIPERIDEN 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. | | | | | | | | |
| 2544X NP | Tablet 2 mg | 200 | 2 | .. | *20.98 | 22.09 | Akineton | LM |

Ethers of tropine or tropine derivatives

| | | | | | | | | |
|-----------------------------|------------------------|----|----|----|--------|-------|----------|----|
| BENZTROPINE MESYLATE | | | | | | | | |
| 2362H NP | Tablet 2 mg | 60 | 2 | .. | 12.86 | 13.97 | Benztrop | PL |
| 3038X NP | Injection 2 mg in 2 mL | 5 | .. | .. | 103.69 | 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 | .. | 39.02 | 35.40 | Madopar 125 | RO |
| 2226E NP | Capsule 200 mg-50 mg | 100 | 5 | .. | 50.11 | 35.40 | Madopar | RO |
| 2227F NP | Capsule 50 mg-12.5 mg | 100 | 5 | .. | 23.10 | 24.21 | Madopar 62.5 | RO |
| 2228G NP | Tablet 200 mg-50 mg | 100 | 5 | .. | 50.11 | 35.40 | Madopar | RO |
| 2229H NP | Tablet 100 mg-25 mg | 100 | 5 | .. | 39.02 | 35.40 | Madopar 125 | RO |
| 2231K NP | Capsule 100 mg-25 mg (sustained release) | 100 | 5 | .. | 42.10 | 35.40 | Madopar HBS | RO |
| 8218M NP | Dispersible tablet 50 mg-12.5 mg | 100 | 5 | .. | 23.10 | 24.21 | Madopar Rapid 62.5 | RO |
| 8219N NP | Dispersible tablet 100 mg-25 mg | 100 | 5 | .. | 39.02 | 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 | .. | 38.39 | 35.40 | ^a Kinson | AF |
| | | | | ^B 5.19 | 43.58 | 35.40 | ^a Sinemet 100/25 | MK |
| 1245M NP | Tablet 250 mg-25 mg | 100 | 5 | .. | 45.19 | 35.40 | ^a Levo/Carbidopa Sandoz | SZ |
| | | | | ^B 2.92 | 48.11 | 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.

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 |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|
| 1255C NP | Tablet 200 mg-50 mg (modified release) | 100 | 5 | .. | 67.97 | 35.40 | Sinemet CR MK |

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 | .. | *11682.44 | 35.40 | Duodopa VE |
|-------------|--|----|---|----|-----------|-------|------------|

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;

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 | .. | *311.98 | 35.40 | Stalevo 50/12.5/200mg NV |
| 8798C NP | Tablet 100 mg-25 mg-200 mg | 200 | 4 | .. | *342.02 | 35.40 | Stalevo 100/25/200mg NV |
| 8799D NP | Tablet 150 mg-37.5 mg-200 mg | 200 | 4 | .. | *372.06 | 35.40 | Stalevo 150/37.5/200mg NV |
| 9292C NP | Tablet 200 mg-50 mg-200 mg | 200 | 4 | .. | *399.72 | 35.40 | Stalevo 200/50/200mg NV |
| 9344T NP | Tablet 75 mg-18.75 mg-200 mg | 200 | 4 | .. | *325.22 | 35.40 | Stalevo 75/18.75/200mg NV |
| 9345W NP | Tablet 125 mg-31.25 mg-200 mg | 200 | 4 | .. | *354.06 | 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 | .. | 44.40 | 35.40 | Symmetrel 100 NV |
|-------------|----------------|-----|---|----|-------|-------|------------------|

Dopamine agonists

BROMOCRIPTINE MESYLATE

Restricted benefit

Acromegaly;

Parkinson's disease;

Pathological hyperprolactinaemia where surgery is not indicated;

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 | | |
| | | | | | \$ | \$ | | |
| | 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. | | | | | | | |
| | <u>Note</u> | | | | | | | |
| | Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists. | | | | | | | |
| | <u>Note</u> | | | | | | | |
| | For item codes 1443Y and 1559C, pharmaceutical benefits that have the form tablet 2.5 mg (base) are equivalent for the purposes of substitution. | | | | | | | |
| 1443Y | Tablet 2.5 mg (base) | 60 | 5 | .. | *31.52 | 32.63 ^a | Parlodel | NV |
| 1559C | Tablet 2.5 mg (base) | 60 | 5 | .. | 31.52 | 32.63 ^a | Kripton 2.5 | AF |

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.

| | | | | | | | | |
|-------|----------------------|-----|---|----|--------|-------|------------|----|
| 1445C | Capsule 10 mg (base) | 100 | 5 | .. | 148.56 | 35.40 | Kripton 10 | AF |
| 1446D | Capsule 5 mg (base) | 60 | 5 | .. | 48.38 | 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 | .. | 59.88 | 35.40 ^a | Bergoline 1 | QA |
| | | | | | | | ^a Cabaser | PF |
| | | | | | | | ^a Cobasol | GM |
| 8394T NP | Tablet 2 mg | 30 | 5 | .. | 78.04 | 35.40 ^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 | .. | .. | 53.03 | 35.40 | Permax | AS |
| 2809W NP | Tablet 250 micrograms (base) | 100 | 5 | .. | 66.28 | 35.40 | Permax | AS |

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 2810X NP | Tablet 1 mg (base) | 100 | 5 | .. | 241.79 | 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 | .. | .. | 10.99 | 12.10 | ^a Sifrol | BY |
| | | | | | | | ^a Simipex 0.125 | QA |
| 9152Q NP | Tablet 250 micrograms | 100 | 5 | .. | 35.83 | 35.40 | ^a Sifrol | BY |
| | | | | | | | ^a Simipex 0.25 | QA |
| 9153R NP | Tablet 1 mg | 100 | 5 | .. | 128.92 | 35.40 | ^a Sifrol | BY |
| | | | | | | | ^a Simipex 1 | QA |

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:

- (a) An urge to move the legs usually accompanied or caused by unpleasant sensations in the legs; and
- (b) The urge to move or unpleasant sensations begin or worsen during periods of rest or inactivity such as lying or sitting; and
- (c) 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
- (d) 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.

Pramipexole is not PBS-subsidised for Restless Legs Syndrome secondary to other causes.

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.

| | | | | | | | | |
|-------------|-----------------------|-----|---|----|-------|-------|--------|----|
| 9393J NP | Tablet 125 micrograms | 30 | 2 | .. | 10.99 | 12.10 | Sifrol | BY |
| 9394K NP | Tablet 250 micrograms | 100 | 2 | .. | 35.83 | 35.40 | Sifrol | BY |

PRAMIPEXOLE HYDROCHLORIDE

Caution

Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

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> Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists. | | | | | | | | |
| <u>Restricted benefit</u> Parkinson disease. | | | | | | | | |
| <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> 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 | .. | 19.94 | 21.05 | Sifrol ER | BY |
| 3419Y NP | Tablet 0.75 mg (extended release) | 30 | 5 | .. | 32.91 | 34.02 | Sifrol ER | BY |
| 3420B NP | Tablet 1.5 mg (extended release) | 30 | 5 | .. | 57.00 | 35.40 | Sifrol ER | BY |
| 3421C NP | Tablet 3 mg (extended release) | 30 | 5 | .. | 116.67 | 35.40 | Sifrol ER | BY |
| 3422D NP | Tablet 4.5 mg (extended release) | 30 | 5 | .. | 171.76 | 35.40 | Sifrol ER | BY |
| 5143Q NP | Tablet 2.25 mg (extended release) | 30 | 5 | .. | 82.24 | 35.40 | Sifrol ER | BY |
| 5145T NP | Tablet 3.75 mg (extended release) | 30 | 5 | .. | 141.92 | 35.40 | Sifrol ER | BY |

Monoamine oxidase type B inhibitors

RASAGILINE

Authority required (STREAMLINED)

4053

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 authorised.

| | | | | | | | | |
|-------------|---------------------------|----|---|----|--------|-------|---------|----|
| 1952R NP | Tablet 1 mg (as mesilate) | 30 | 5 | .. | 121.69 | 35.40 | Azilect | LU |
|-------------|---------------------------|----|---|----|--------|-------|---------|----|

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 | .. | 53.06 | 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.

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.

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 8367J NP | Tablet 200 mg | 200 | 4 | .. | *281.92 | 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 | .. | .. | 20.58 | 21.69 | Largactil | SW |
| 1196Y NP | Tablet 10 mg | 100 | 5 | .. | 10.59 | 11.70 | Largactil | SW |
| 1197B NP | Tablet 25 mg | 100 | 5 | .. | 11.19 | 12.30 | Largactil | SW |
| 1199D NP | Tablet 100 mg | 100 | 5 | .. | 17.54 | 18.65 | Largactil | SW |
| 1201F NP | Mixture 25 mg per 5 mL, 100 mL | 1 | 5 | .. | 12.67 | 13.78 | 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 | .. | .. | 37.75 | 35.40 | Modecate | BQ |
| 1046C NP | Injection 12.5 mg in 0.5 mL | 5 | .. | .. | 19.32 | 20.43 | Modecate | BQ |
| 3098C NP | Injection 25 mg in 1 mL | 5 | .. | .. | 26.48 | 27.59 | Modecate | 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 | .. | 13.41 | 14.52 | Stelazine | GH |
| 2186C NP | Tablet 5 mg (base) | 100 | 5 | .. | 13.96 | 15.07 | Stelazine | GH |
| 2386N NP | Tablet 2 mg (base) | 100 | 5 | .. | 13.58 | 14.69 | 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 | .. | 10.51 | 11.62 | Neulactil | SW |
| 3053Q NP | Tablet 10 mg | 100 | 5 | .. | 14.56 | 15.67 | 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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

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 | .. | 10.66 | 11.77 | Serenace | QA |
| 2763K NP | Oral liquid 2 mg per mL, 100 mL | 1 | 5 | .. | 20.55 | 21.66 | Serenace | QA |
| 2767P NP | Tablet 1.5 mg | 100 | 5 | .. | 11.01 | 12.12 | Serenace | QA |
| 2768Q NP | Injection 5 mg in 1 mL | 10 | .. | .. | 22.38 | 23.49 | Serenace | QA |
| 2770T NP | Tablet 5 mg | 50 | 5 | .. | 10.78 | 11.89 | 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 | .. | .. | 26.77 | 27.88 | Haldol decanoate | JC |
| 2766N NP | I.M. injection equivalent to 150 mg haloperidol in 3 mL | 5 | .. | .. | 46.33 | 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 | .. | 90.71 | 35.40 | Zeldox | PF |
| 9071K NP | Capsule 40 mg (base) | 60 | 5 | .. | 175.21 | 35.40 | Zeldox | PF |
| 9072L NP | Capsule 60 mg (base) | 60 | 5 | .. | 253.73 | 35.40 | Zeldox | PF |
| 9073M NP | Capsule 80 mg (base) | 60 | 5 | .. | 330.53 | 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 | .. | .. | 20.61 | 21.72 | Fluanxol Depot | LU |
| 2257T NP | Oily I.M. injection 100 mg in 1 mL | 5 | .. | .. | 48.37 | 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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|---|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty | Safety Net | |
| \$ \$ | | | | | | | |
| 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 | Oily I.M. injection 200 mg in 1 mL | 5 | .. | .. | 27.34 | 28.45 | Clopixol Depot |
| NP | | | | | | | 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 | .. | 157.17 | 35.40 | Saphris | LU |
| 5141N NP | Sublingual wafer 10 mg (as maleate) | 60 | 5 | .. | 252.82 | 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 | .. | 46.83 | 35.40 | ^a Olanzapine generichealth 2.5 | GQ |
| | | | | | | | ^a Olanzapine- Synthon | ZT |
| | | | | | | | ^a STADA Olanzapine | TD |
| 8170B NP | Tablet 2.5 mg | 28 | 5 | .. | 46.83 | 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 Pharmacor Olanzapine 2.5 | CR |
| | | | | | | | ^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 |
|---|---|-------------|-------------|---------|--|--|---|
| | | | | | | | Chemists Olanzapine |
| | | | | | | ^a | Zylap 2.5 QA |
| | | | | | | ^a | Zypine AF |
| | | | | | | ^a | Zyprexa LY |
| <hr/> | | | | | | | |
| 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 | .. | 84.51 | 35.40 | ^a Olanzapine generichealth 5 GQ |
| | | | | | | ^a | Olanzapine- Synthon ZT |
| | | | | | | ^a | STADA Olanzapine TD |
| 8185T NP | Tablet 5 mg | 28 | 5 | .. | 84.51 | 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 5 DO |
| | | | | | | ^a | Pharmacor Olanzapine 5 CR |
| | | | | | | ^a | Terry White Chemists TW |
| | | | | | | ^a | Olanzapine Zylap 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.

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 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 | .. | 124.70 | 35.40 | ^a Olanzapine generichealth 7.5 GQ ^a Olanzapine-Synthon ZT ^a STADA Olanzapine TD |
| 8186W NP | Tablet 7.5 mg | 28 | 5 | .. | 124.70 | 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 7.5 DO ^a Pharmacor Olanzapine 7.5 CR ^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 | .. | 164.10 | 35.40 | ^a Olanzapine generichealth 10 GQ ^a Olanzapine-Synthon ZT ^a STADA Olanzapine TD |
| 8187X NP | Tablet 10 mg | 28 | 5 | .. | 164.10 | 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 |

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 Ozin 10 DO |
| | | | | | | | ^a Pharmacor Olanzapine 10 CR |
| | | | | | | | ^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.

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 | .. | 84.51 | 35.40 | ^a APO-Olanzapine ODT TX |
| | | | | | | | ^a Chem mart Olanzapine ODT CH |
| | | | | | | | ^a Olanzapine-GA ODT GM |
| | | | | | | | ^a Olanzapine ODT-DRLA RZ |
| | | | | | | | ^a Olanzapine ODT generichealth 5 GQ |
| | | | | | | | ^a Olanzapine Sandoz ODT 5 SZ |
| | | | | | | | ^a PS Olanzapine ODT FZ |
| | | | | | | | ^a Terry White Chemists Olanzapine ODT TW |
| | | | | | | | ^a Zylap ODT 5 QA |
| 8433W NP | Wafer 5 mg | 28 | 5 | .. | 84.51 | 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.

Nervous 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 | |
| 3382B NP | Tablet 10 mg (orally disintegrating) | 28 | 5 | .. | 164.10 | 35.40 | ^a | APO-Olanzapine ODT TX |
| | | | | | | | ^a | Chem mart Olanzapine ODT CH |
| | | | | | | | ^a | Olanzapine-GA ODT GM |
| | | | | | | | ^a | Olanzapine ODT-DRLA RZ |
| | | | | | | | ^a | Olanzapine ODT generichealth 10 GQ |
| | | | | | | | ^a | Olanzapine Sandoz ODT 10 SZ |
| | | | | | | | ^a | PS Olanzapine ODT FZ |
| | | | | | | | ^a | Terry White Chemists Olanzapine ODT TW |
| | | | | | | | ^a | Zylap ODT 10 QA |
| | | | | | | | 8434X NP | Wafer 10 mg |
| ^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 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 | .. | 239.39 | 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 | .. | 239.39 | 35.40 ^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 20 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 20 mg are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------|--------------------------------------|----|---|----|--------|--------------------|----------------|----|
| 3385E | Tablet 20 mg (orally disintegrating) | 28 | 5 | .. | 311.00 | 35.40 ^a | APO-Olanzapine | TX |
|-------|--------------------------------------|----|---|----|--------|--------------------|----------------|----|

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 | | | | | | | ODT | |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Terry White Chemists | TW |
| 8953F | Wafer 20 mg | 28 | 5 | .. | 311.00 | 35.40 | ^a Olanzapine ODT | LY |
| NP | | | | | | | Zyprexa Zydys | LY |

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 | Powder for injection 210 mg (as pamoate monohydrate) with diluent | 2 | 5 | .. | *499.88 | 35.40 | Zyprexa Relprevv | LY |
| NP | | | | | | | | |
| 9295F | Powder for injection 300 mg (as pamoate monohydrate) with diluent | 2 | 5 | .. | *809.36 | 35.40 | Zyprexa Relprevv | LY |
| NP | | | | | | | | |
| 9303P | Powder for injection 405 mg (as pamoate monohydrate) with diluent | 1 | 5 | .. | 499.88 | 35.40 | Zyprexa Relprevv | LY |
| NP | | | | | | | | |

QUETIAPINE

Authority required (STREAMLINED)

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.

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.

| | | | | | | | | |
|-------|--|----|---|----|--------|-------|------------------------------------|----|
| 5458G | Tablet (modified release) 150 mg (as fumarate) | 60 | 5 | .. | 118.28 | 35.40 | Seroquel XR | AP |
| NP | | | | | | | | |
| 8456C | Tablet 25 mg (as fumarate) | 60 | 5 | .. | 46.92 | 35.40 | ^a APO-Quetiapine | TX |
| NP | | | | | | | | |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | Quetiapine | |
| | | | | | | | ^a Delucon 25 | DO |
| | | | | | | | ^a Quetiaccord | WQ |
| | | | | | | | ^a Quetiapine Actavis 25 | TA |
| | | | | | | | ^a Quetiapine-DRLA | RZ |
| | | | | | | | ^a Quetiapine GH 25 | GQ |
| | | | | | | | ^a Quetiapine Pfizer | FZ |
| | | | | | | | ^a Quetiapine RBX | RA |
| | | | | | | | ^a Quetiapine Sandoz | SZ |
| | | | | | | | ^a Quetiapine-Synthon | ZT |
| | | | | | | | ^a Quipine | 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 |
|-------------|---|-------------|-------------|---------|--|--|---|
| 8457D NP | Tablet 100 mg (as fumarate) | 90 | 5 | .. | 118.28 | 35.40 | ^a Sequase PM |
| | | | | | | | ^a Seronia 25 QA |
| | | | | | | | ^a Seroquel AP |
| | | | | | | | ^a STADA Quetiapine TD |
| | | | | | | | ^a Syquet AF |
| | | | | | | | ^a Terry White Chemists Quetiapine TW |
| | | | | | | | ^a APO-Quetiapine TX |
| | | | | | | | ^a Chem mart Quetiapine CH |
| | | | | | | | ^a Delucon 100 DO |
| | | | | | | | ^a Quetiaccord WQ |
| | | | | | | | ^a Quetiapine Actavis 100 TA |
| | | | | | | | ^a Quetiapine-DRLA RZ |
| | | | | | | | ^a Quetiapine GH 100 GQ |
| | | | | | | | ^a Quetiapine Pfizer FZ |
| | | | | | | | ^a Quetiapine RBX RA |
| | | | | | | | ^a Quetiapine Sandoz SZ |
| | | | | | | | ^a Quetiapine-Synthon ZT |
| | | | | | | | ^a Quipine GM |
| | | | | | | | ^a Sequase PM |
| | | | | | | | ^a Seronia 100 QA |
| 8458E NP | Tablet 200 mg (as fumarate) | 60 | 5 | .. | 158.79 | 35.40 | ^a Seroquel AP |
| | | | | | | | ^a STADA Quetiapine TD |
| | | | | | | | ^a Syquet AF |
| | | | | | | | ^a Terry White Chemists Quetiapine TW |
| | | | | | | | ^a APO-Quetiapine TX |
| | | | | | | | ^a Chem mart Quetiapine CH |
| | | | | | | | ^a Delucon 200 DO |
| | | | | | | | ^a Quetiaccord WQ |
| | | | | | | | ^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 Quetiapine-Synthon ZT |
| | | | | | | | ^a Quipine GM |
| | | | | | | | ^a Sequase PM |
| | | | | | | | ^a Seronia 200 QA |
| | | | | | | | ^a Seroquel AP |
| | | | | | | | ^a STADA Quetiapine TD |
| 8580N | Tablet 300 mg (as fumarate) | 60 | 5 | .. | 227.64 | 35.40 | ^a Syquet AF |
| | | | | | | | ^a Terry White Chemists Quetiapine TW |
| | | | | | | | ^a APO-Quetiapine TX |

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 | | | | | | | |
| | | | | | | | ^a Chem mart CH |
| | | | | | | | ^a Quetiapine DO |
| | | | | | | | ^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 Quetiapine- Synthon ZT |
| | | | | | | | ^a Quipine GM |
| | | | | | | | ^a Sequase PM |
| | | | | | | | ^a Seronia 300 QA |
| | | | | | | | ^a Seroquel AP |
| | | | | | | | ^a STADA Quetiapine TD |
| | | | | | | | ^a Syquet AF |
| | | | | | | | ^a Terry White Chemists TW Quetiapine |
| 9202H | Tablet (modified release) 50 mg (as fumarate) | 60 | 5 | .. | 85.50 | 35.40 | Seroquel XR AP |
| NP | | | | | | | |
| 9203J | Tablet (modified release) 200 mg (as fumarate) | 60 | 5 | .. | 158.79 | 35.40 | Seroquel XR AP |
| NP | | | | | | | |
| 9204K | Tablet (modified release) 300 mg (as fumarate) | 60 | 5 | .. | 227.64 | 35.40 | Seroquel XR AP |
| NP | | | | | | | |
| 9205L | Tablet (modified release) 400 mg (as fumarate) | 60 | 5 | .. | 301.38 | 35.40 | Seroquel XR AP |
| NP | | | | | | | |

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 | Tablet 100 mg | 30 | 5 | .. | 27.94 | 29.05 | ^a Amisulpride 100 Winthrop WA |
| NP | | | | | | | ^a Amisulpride Sandoz SZ |
| | | | | | | | ^a APO-Amisulpride TX |
| | | | | | | | ^a Solian 100 SW |
| | | | | | | | ^a Sulprix AF |
| 8595J | Tablet 200 mg | 60 | 5 | .. | 94.80 | 35.40 | ^a Amisulpride 200 Winthrop WA |
| NP | | | | | | | ^a Amisulpride Sandoz SZ |
| | | | | | | | ^a APO-Amisulpride TX |
| | | | | | | | ^a Solian 200 SW |
| | | | | | | | ^a Sulprix AF |
| 8596K | Tablet 400 mg | 60 | 5 | .. | 166.60 | 35.40 | ^a Amipride 400 QA |
| NP | | | | | | | ^a Amisulpride 400 Winthrop WA |
| | | | | | | | ^a Amisulpride 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 APO-Amisulpride | TX |
| | | | | | | | ^a Solian 400 | SW |
| | | | | | | | ^a Sulprix | AF |
| 8736T NP | Oral solution 100 mg per mL, 60 mL | 2 | 5 | .. | *148.84 | 35.40 | 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 | .. | 16.99 | 18.10 | Lithicarb | AS |
| 8290H NP | Tablet 450 mg (slow release) | 200 | 2 | .. | *34.40 | 35.40 | 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 | .. | 152.35 | 35.40 | Abilify | BQ |
| 8718W NP | Tablet 15 mg | 30 | 5 | .. | 212.66 | 35.40 | Abilify | BQ |
| 8719X NP | Tablet 20 mg | 30 | 5 | .. | 253.53 | 35.40 | Abilify | BQ |
| 8720Y NP | Tablet 30 mg | 30 | 5 | .. | 303.59 | 35.40 | Abilify | BQ |

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.

| | | | | | | | | |
|-------------|---------------------------------|----|---|----|--------|-------|--------|----|
| 9140C NP | Tablet 3 mg (prolonged release) | 28 | 5 | .. | 161.17 | 35.40 | Invega | JC |
| 9141D NP | Tablet 6 mg (prolonged release) | 28 | 5 | .. | 169.78 | 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.

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 5100K NP | I.M. injection (modified release) 25 mg (as palmitate) in pre-filled syringe | 1 | 5 | .. | 149.73 | 35.40 | Invega Sustenna | JC |
| 5102M NP | I.M. injection (modified release) 50 mg (as palmitate) in pre-filled syringe | 1 | 5 | .. | 284.90 | 35.40 | Invega Sustenna | JC |
| 5103N NP | I.M. injection (modified release) 75 mg (as palmitate) in pre-filled syringe | 1 | 5 | .. | 363.24 | 35.40 | Invega Sustenna | JC |
| 5107T NP | I.M. injection (modified release) 100 mg (as palmitate) in pre-filled syringe | 1 | 5 | .. | 440.79 | 35.40 | Invega Sustenna | JC |
| 5109X NP | I.M. injection (modified release) 150 mg (as palmitate) in pre-filled syringe | 1 | 5 | .. | 440.79 | 35.40 | Invega Sustenna | JC |
| 9142E NP | Tablet 9 mg (prolonged release) | 28 | 5 | .. | 226.11 | 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.

Note

For item codes 8787L and 1842Y, pharmaceutical benefits that have the form tablet 0.5 mg are equivalent for the purposes of substitution.

| | | | | | | | | | |
|-------------|---------------|----|---|----|--------|-------|--------------|--------------------|----|
| 1842Y NP | Tablet 0.5 mg | 60 | 2 | .. | *26.71 | 27.82 | ^a | APO-Risperidone | TX |
| | | | | | | | ^a | Risperdal | JC |
| 8787L NP | Tablet 0.5 mg | 60 | 2 | .. | 26.69 | 27.80 | ^a | Ozidal | RA |
| | | | | | | | ^a | Resdone 0.5 | CR |
| | | | | | | | ^a | Rispa | QA |
| | | | | | | | ^a | Risperidone-DRLA | RZ |
| | | | | | | | ^a | Risperidone-GA | GM |
| | | | | | | | ^a | Risperidone GH | GQ |
| | | | | | | | ^a | Risperidone Pfizer | FZ |
| | | | | | | | ^a | Risperidone Sandoz | SZ |
| | | | | | | | ^a | Rixadone | AF |

RISPERIDONE

Authority required (STREAMLINED)

2061

Behavioural disturbances characterised by psychotic symptoms and aggression in patients with dementia where non-pharmacological methods have been unsuccessful.

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>Caution</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 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. | | | | | | | |
| <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. | | | | | | | |
| 8788M NP | Tablet 0.5 mg (orally disintegrating) | 56 | 2 | .. | *29.10 | 30.21 | Risperdal Quicklet JC |
| 8789N NP | Tablet 1 mg | 60 | 2 | .. | 44.87 | 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 |
| | | | | | | ^a Rixadone | AF |
| 8790P NP | Tablet 1 mg (orally disintegrating) | 56 | 2 | .. | *50.30 | 35.40 | Risperdal Quicklet JC |
| 9293D NP | Oral solution 1 mg per mL, 100 mL | £1 | 2 | .. | 118.13 | 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.

Note

For item codes 8869T and 1846E, pharmaceutical benefits that have the form tablet 0.5 mg are equivalent for the purposes of substitution.

| | | | | | | | |
|-------------|---------------|----|---|----|--------|-------|----------------------------------|
| 1846E NP | Tablet 0.5 mg | 60 | 5 | .. | *26.71 | 27.82 | ^a APO-Risperidone TX |
| | | | | | | | ^a Risperdal JC |
| 8869T NP | Tablet 0.5 mg | 60 | 5 | .. | 26.69 | 27.80 | ^a Ozidal RA |
| | | | | | | | ^a Resdone 0.5 CR |
| | | | | | | | ^a Rispa QA |
| | | | | | | | ^a Risperidone-DRLA RZ |

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 | Risperidone-GA GM |
| | | | | | | | ^a | Risperidone GH GQ |
| | | | | | | | ^a | Risperidone Pfizer FZ |
| | | | | | | | ^a | Risperidone Sandoz SZ |
| | | | | | | | ^a | Rixadone AF |
| <hr/> | | | | | | | | |
| RISPERIDONE | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 1589 | | | | | | | | |
| Schizophrenia. | | | | | | | | |
| <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. | | | | | | | | |
| 8870W NP | Tablet 0.5 mg (orally disintegrating) | 56 | 5 | .. | *29.10 | 30.21 | | Risperdal Quicklet JC |
| <hr/> | | | | | | | | |
| RISPERIDONE | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 1589 | | | | | | | | |
| Schizophrenia. | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 2272 | | | | | | | | |
| Adjunctive therapy to mood stabilisers for up to 6 months, of an episode of acute mania associated with 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. | | | | | | | | |
| 3169T NP | Tablet 1 mg | 60 | 5 | .. | 44.87 | 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 |
| | | | | | | | ^a | Rixadone AF |
| 3170W NP | Tablet 2 mg | 60 | 5 | .. | 91.67 | 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 |

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 |
|-------------|---|-------------|-------------|---------|--|--|---|
| 3171X NP | Tablet 3 mg | 60 | 5 | .. | 137.84 | 35.40 | ^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 GQ |
| | | | | | | | ^a Risperidone generichealth FZ |
| | | | | | | | ^a Risperidone Pfizer FZ |
| 3172Y NP | Tablet 4 mg | 60 | 5 | .. | 183.79 | 35.40 | ^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 GQ |
| | | | | | | | ^a Risperidone generichealth FZ |
| 8100H NP | Tablet 1 mg (orally disintegrating) | 56 | 5 | .. | *50.30 | 35.40 | ^a Risperidone Sandoz SZ |
| | | | | | | | ^a Rixadone AF |
| | | | | | | | Risperdal JC |
| | | | | | | | Risperdal Quicklet JC |
| | | | | | | | Risperdal Quicklet JC |
| | | | | | | | Risperdal Quicklet JC |
| | | | | | | | Risperdal Quicklet JC |
| 8792R NP | Tablet 2 mg (orally disintegrating) | 56 | 5 | .. | *93.34 | 35.40 | Risperdal Quicklet JC |
| | | | | | | | Risperdal Quicklet JC |
| 8794W NP | Tablet 3 mg (orally disintegrating) | 56 | 5 | .. | *135.52 | 35.40 | Risperdal Quicklet JC |
| | | | | | | | Risperdal Quicklet JC |
| 9075P NP | Tablet 4 mg (orally disintegrating) | 56 | 5 | .. | *178.42 | 35.40 | Risperdal Quicklet JC |
| | | | | | | | Risperdal Quicklet JC |
| 9076Q NP | Tablet 1 mg (orally disintegrating) | 56 | 5 | .. | *50.30 | 35.40 | Risperdal Quicklet JC |
| | | | | | | | 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 | .. | 91.67 | 35.40 | ^a APO-Risperidone TX |
|-------------|-------------|----|---|----|-------|-------|---------------------------------|

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 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 | .. | *93.34 | 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 NP | Powder for I.M. injection 25 mg (modified release) with 2 mL diluent in pre-filled syringe | 2 | 5 | .. | *277.20 | 35.40 | Risperdal Consta | JC |
| 8781E NP | Powder for I.M. injection 37.5 mg (modified release) with 2 mL diluent in pre-filled syringe | 2 | 5 | .. | *353.54 | 35.40 | Risperdal Consta | JC |
| 8782F NP | Powder for I.M. injection 50 mg (modified release) with 2 mL diluent in pre-filled syringe | 2 | 5 | .. | *429.08 | 35.40 | Risperdal Consta | JC |

Anxiolytics

Benzodiazepine derivatives

ALPRAZOLAM

Authority required

Panic disorder where other treatments have failed or are inappropriate.

| | | | | | | | | |
|-------------|-----------------------|----|----|-------------------|-------|-------|---|----|
| 2130D NP | Tablet 250 micrograms | 50 | .. | .. | 8.98 | 10.09 | ^a Alprax 0.25 | QA |
| | | | | | | | ^a Alprazolam Sandoz | SZ |
| | | | | | | | ^a Kalma 0.25 | AF |
| | | | | ^B 1.96 | 10.94 | 10.09 | ^a Xanax | PF |
| 2131E NP | Tablet 500 micrograms | 50 | .. | .. | 10.50 | 11.61 | ^a Alprax 0.5 | QA |
| | | | | | | | ^a Alprazolam Sandoz | SZ |
| | | | | | | | ^a Kalma 0.5 | AF |
| | | | | ^B 1.95 | 12.45 | 11.61 | ^a Xanax | PF |
| 2132F NP | Tablet 1 mg | 50 | 2 | .. | 13.45 | 14.56 | ^a Alprax 1 | QA |
| | | | | | | | ^a Alprazolam Sandoz | SZ |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Alprazolam GenRx Alprazolam | GX |
| | | | | | | | ^a Kalma 1 | AF |
| | | | | | | | ^a Ralozam | GM |
| | | | | | | | ^a Terry White Chemists | TW |

Nervous 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 | | |
| 8118G NP | Tablet 2 mg | 50 | 2 | ^B 1.95 | 15.40 | 14.56 | ^a | Alprazolam | |
| | | | | .. | 17.26 | 18.37 | ^a | Xanax | PF |
| | | | | | | | | Alprax 2 | QA |
| | | | | | | | | Alprazolam Sandoz | SZ |
| | | | | | | | | Chem mart | CH |
| | | | | | | | | Alprazolam | |
| | | | | | | | | GenRx Alprazolam | GX |
| | | | | | | | | Kalma 2 | AF |
| | | | | | | | | Ralozam | GM |
| | | | | | | | | Terry White Chemists | TW |
| | | | | Alprazolam | | | | | |
| | | | | ^B 1.96 | 19.22 | 18.37 | ^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.

| | | | | | | | | | |
|-------------|-------------------------|----|----|----|-------|-------|--------------|---------------------|----|
| 2558P NP | Injection 10 mg in 2 mL | 5 | .. | .. | 12.39 | 13.50 | | Hospira Pty Limited | HH |
| 3161J NP | Tablet 2 mg | 50 | .. | .. | 7.82 | 8.93 | ^a | Antenex 2 | AF |
| | | | | | | | | APO-Diazepam | TX |
| | | | | | | | ^a | Ranzepam | RA |
| | | | | | | | | Valpam 2 | QA |
| | | | | | | | ^a | Valium | RO |
| 3162K NP | Tablet 5 mg | 50 | .. | .. | 7.95 | 9.06 | ^a | Antenex 5 | AF |
| | | | | | | | | APO-Diazepam | TX |
| | | | | | | | ^a | Diazepam-GA | GM |
| | | | | | | | | Ranzepam | RA |
| | | | | | | | ^a | Valpam 5 | QA |
| | | | | | | | | Valium | RO |
| | | | | | | | ^a | | |

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 | .. | .. | 7.75 | 8.86 | ^a | Alepam 15 | AF |
| 3133X NP | Tablet 30 mg | 25 | .. | .. | 7.75 | 8.86 | ^a | Serepax | QA |
| | | | | | | | | Alepam 30 | AF |
| | | | | | | | ^a | APO-Oxazepam | TX |
| | | | | | | | | Murelax | FM |
| | | | | | | | ^a | Serepax | 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 |
|---|---|-------------|-------------|-------------------|--|--|------------------------------|
| OXAZEPAM | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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 | .. | *8.98 | 10.09 | ^a Alepam 15 AF |
| | | | | ^B 5.38 | *14.36 | 10.09 | ^a Serepax QA |
| 3135B NP | Tablet 30 mg | 50 | 5 | .. | *8.98 | 10.09 | ^a Alepam 30 AF |
| | | | | | | | ^a APO-Oxazepam TX |
| | | | | | | | ^a Murelax FM |
| | | | | ^B 5.38 | *14.36 | 10.09 | ^a Serepax QA |

Other anxiolytics

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 | .. | 15.19 | 16.30 | ^a Chem mart CH |
| | | | | | | | ^a Clomipramine |
| | | | | | | | ^a GenRx GX |
| | | | | | | | ^a Clomipramine |
| | | | | | | | ^a Placil AF |
| | | | | | | | ^a Terry White TW |
| | | | | | | | ^a Chemists |
| | | | | ^B 3.06 | 18.25 | 16.30 | ^a Clomipramine |
| | | | | | | | ^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 | .. | .. | 7.92 | 9.03 | ^a Alodorm AF |
| | | | | ^B 1.45 | 9.37 | 9.03 | ^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.

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. | | | | | | | |
| 2732T NP | Tablet 5 mg | 50 | 5 | .. | *9.32 | 10.43 ^a | Alodorm AF |
| | | | | ^B 2.90 | *12.22 | 10.43 ^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 | .. | .. | 7.56 | 8.67 ^a | APO-Temazepam TX |
| | | | | | | ^a | Temaze AF |
| | | | | | | ^a | Temtabs FM |
| | | | | ^B 2.05 | 9.61 | 8.67 ^a | Normison QA |

TEMAZEPAM

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.

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 | .. | *8.60 | 9.71 ^a | APO-Temazepam TX |
| | | | | | | ^a | Temaze AF |
| | | | | | | ^a | Temtabs FM |
| | | | | ^B 4.10 | *12.70 | 9.71 ^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 | .. | 8.54 | 9.65 | Endep 10 AF |
| 2418G NP | Tablet 25 mg | 50 | 2 | .. | 8.66 | 9.77 | Endep 25 AF |
| 2429W NP | Tablet 50 mg | 50 | 2 | .. | 8.99 | 10.10 | Endep 50 AF |

CLOMIPRAMINE HYDROCHLORIDE

Restricted benefit

Cataplexy associated with narcolepsy;

Obsessive-compulsive 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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 2522R NP | Tablet 10 mg (base) | 50 | 2 | .. | 13.42 | 14.53 | Allegron | AS |
| 2523T NP | Tablet 25 mg (base) | 50 | 2 | .. | 15.20 | 16.31 | Allegron | AS |

Selective serotonin reuptake inhibitors

CITALOPRAM HYDROBROMIDE

Restricted benefit

Major depressive disorders.

| | | | | | | | | |
|-------------|---------------------|----|---|-------------------|-------|-------|--|----|
| 8220P NP | Tablet 20 mg (base) | 28 | 5 | .. | 13.56 | 14.67 | ^a APO-Citalopram | TX |
| | | | | | | | ^a Auro-Citalopram 20 | DO |
| | | | | | | | ^a Celapram | AF |
| | | | | | | | ^a Celica | RA |
| | | | | | | | ^a Chem mart Citalopram | CH |
| | | | | | | | ^a Ciazil | GM |
| | | | | | | | ^a Citalopram 20 | CR |
| | | | | | | | ^a Citalopram-GA | GN |
| | | | | | | | ^a Citalopram generichealth | GQ |
| | | | | | | | ^a Citalopram Pfizer | FZ |
| | | | | | | | ^a Citalopram Sandoz | SZ |
| | | | | | | | ^a GenRx Citalopram | GX |
| | | | | | | | ^a Pharmacor Citalo 20 | MI |
| | | | | | | | ^a Talam | QA |
| | | | | | | | ^a Terry White Chemists Citalopram | TW |
| | | | | ^B 4.45 | 18.01 | 14.67 | ^a Cipramil | LU |
| 8702B NP | Tablet 10 mg (base) | 28 | 5 | .. | 11.15 | 12.26 | Celapram | AF |
| 8703C NP | Tablet 40 mg (base) | 28 | 5 | .. | 18.42 | 19.53 | ^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

Restricted benefit

Major depressive disorders.

| | | | | | | | | |
|-------------|---------------------------|----|---|----|-------|-------|--|----|
| 8700X NP | Tablet 10 mg (as oxalate) | 28 | 5 | .. | 15.75 | 16.86 | ^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 |

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 |
|-------------|---|-------------|-------------|-------------------|--|--|---|
| 8701Y NP | Tablet 20 mg (as oxalate) | 28 | 5 | .. | 15.84 | 16.95 | ^a Pharmacor Escitalopram 10 CR |
| | | | | | | | ^a Terry White Chemists Escitalopram TW |
| | | | | | | | ^B 2.97 Lexapro LU |
| | | | | | | | ^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 4.33 | 20.17 | 16.95 | ^a Lexapro LU |

ESCITALOPRAM

Restricted benefit

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.

Restricted benefit

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 | .. | 15.75 | 16.86 | ^a Esipram GM |
| | | | | ^B 2.97 | 18.72 | 16.86 | ^a Lexapro LU |
| 9433L NP | Tablet 20 mg (as oxalate) | 28 | 5 | .. | 15.84 | 16.95 | ^a Esipram GM |
| | | | | ^B 4.33 | 20.17 | 16.95 | ^a Lexapro LU |

ESCITALOPRAM

Restricted benefit

Major depressive disorders.

Restricted benefit

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;

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 PBS-subsidised treatment, for moderate to severe generalised anxiety disorder (GAD), of a patient commenced on escitalopram prior to 1 November 2008. | | | | | | | |
| | Restricted benefit | | | | | | | |
| | 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 | .. | 34.40 | 35.40 | Lexapro | LU |
| | FLUOXETINE | | | | | | | |
| | Restricted benefit | | | | | | | |
| | Major depressive disorders; | | | | | | | |
| | Obsessive-compulsive disorder. | | | | | | | |
| 1434L NP | Capsule 20 mg (as hydrochloride) | 28 | 5 | .. | 17.64 | 18.75 | ^a Auscap | QA |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Fluoxetine | CR |
| | | | | | | | ^a Fluoxetine 20 | GM |
| | | | | | | | ^a Fluoxetine-GA | GQ |
| | | | | | | | ^a Fluoxetine | FZ |
| | | | | | | | ^a generichealth | RA |
| | | | | | | | ^a Fluoxetine-PS | SZ |
| | | | | | | | ^a Fluoxetine RBX | GX |
| | | | | | | | ^a Fluoxetine Sandoz | AL |
| | | | | | | | ^a GenRx Fluoxetine | TW |
| | | | | | | | ^a Lovan | AF |
| | | | | | | | ^a Terry White | LY |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Fluoxetine | |
| | | | | ^B 3.53 | 21.17 | 18.75 | ^a Zactin | |
| | | | | | | | ^a Prozac 20 | |
| 8270G NP | Tablet, dispersible, 20 mg (as hydrochloride) | 28 | 5 | .. | 17.64 | 18.75 | ^a Lovan 20 Tab | AL |
| | | | | | | | ^a Zactin Tablet | AF |
| | | | | ^B 3.53 | 21.17 | 18.75 | ^a Prozac Tab | LY |
| | FLUVOXAMINE | | | | | | | |
| | Restricted benefit | | | | | | | |
| | Major depressive disorders; | | | | | | | |
| | Obsessive-compulsive disorder. | | | | | | | |
| 8174F NP | Tablet containing fluvoxamine maleate 100 mg | 30 | 5 | .. | 22.94 | 24.05 | ^a APO-Fluvoxamine | TX |
| | | | | | | | ^a Faverin 100 | QA |
| | | | | | | | ^a Fluvoxamine GA | GM |
| | | | | | | | ^a Movox 100 | AF |
| | | | | | | | ^a Voxam | SZ |
| | | | | ^B 2.30 | 25.24 | 24.05 | ^a Luvox | AB |
| 8512B NP | Tablet containing fluvoxamine maleate 50 mg | 30 | 5 | .. | 17.35 | 18.46 | ^a APO-Fluvoxamine | TX |
| | | | | | | | ^a Faverin 50 | QA |
| | | | | | | | ^a Fluvoxamine GA | GM |
| | | | | | | | ^a Movox 50 | AL |
| | | | | | | | ^a Voxam | SZ |

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 \$ | |
| | | | | ^B 2.30 | 19.65 | 18.46 | ^a Luvvox 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 NP | Tablet 20 mg (as hydrochloride) | 30 | 5 | .. | 17.20 | 18.31 | ^a Chem mart CH ^a Paroxetine QA ^a Extine 20 GX ^a GenRx Paroxetine CR ^a Paroxetine 20 GN ^a Paroxetine-GA SZ ^a Paroxetine Sandoz AF ^a Paxtine DO ^a Roxet 20 TW ^a Terry White Chemists Paroxetine GK |
| | | | | ^B 0.80 | 18.00 | 18.31 | ^a Aropax GQ |
| 9197C NP | Tablet 20 mg (as mesilate) | 30 | 5 | .. | 17.20 | 18.31 | ^a Paroxetine ZT ^a generichealth ZT ^a Paroxetine Synthon MI ^a Pharmacor Paroxo 20 MI |
| SERTRALINE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Major depressive disorders. | | | | | | | |
| 2236Q NP | Tablet 50 mg (as hydrochloride) | 30 | 5 | .. | 16.01 | 17.12 | ^a Auro-Sertraline 50 DO ^a Chem mart CH ^a 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 GQ ^a generichealth FZ ^a Sertraline Pfizer FZ ^a Sertraline Sandoz SZ ^a Setrona RA ^a Terry White Chemists Sertraline TW ^a Xydep 50 GN |
| | | | | ^B 1.95 | 17.96 | 17.12 | ^a Zoloft PF |
| 2237R NP | Tablet 100 mg (as hydrochloride) | 30 | 5 | .. | 16.01 | 17.12 | ^a Auro-Sertraline 100 DO ^a Chem mart CH ^a Sertraline 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 |
|---|---|-------------|-------------|-------------------|--|--|---|
| | | | | | | | ^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 1.95 | 17.96 | 17.12 | ^a Zoloft PF |
| <hr/> | | | | | | | |
| SERTRALINE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Obsessive-compulsive disorder; | | | | | | | |
| Panic disorder where other treatments have failed or are inappropriate. | | | | | | | |
| 8836C NP | Tablet 50 mg (as hydrochloride) | 30 | 5 | .. | 16.01 | 17.12 | ^a Auro-Sertraline 50 DO |
| | | | | | | | ^a Eleva 50 AF |
| | | | | | | | ^a Sertraline Pfizer FZ |
| | | | | | | | ^a Xydep 50 GN |
| | | | | ^B 1.95 | 17.96 | 17.12 | ^a Zoloft PF |
| 8837D NP | Tablet 100 mg (as hydrochloride) | 30 | 5 | .. | 16.01 | 17.12 | ^a Auro-Sertraline 100 DO |
| | | | | | | | ^a Eleva 100 AF |
| | | | | | | | ^a Sertraline Pfizer FZ |
| | | | | | | | ^a Xydep 100 GN |
| | | | | ^B 1.95 | 17.96 | 17.12 | ^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 | .. | 100.20 | 35.40 | Nardil | LM |
|-------|---------------------|-----|---|----|--------|-------|--------|----|

TRANYLCYPROMINE SULFATE

Caution

This drug is an irreversible monoamine oxidase inhibitor.

| | | | | | | | | |
|-------|---------------------|----|---|----|-------|-------|---------|----|
| 2444P | Tablet 10 mg (base) | 50 | 2 | .. | 33.65 | 34.76 | Parnate | GH |
|-------|---------------------|----|---|----|-------|-------|---------|----|

Monoamine oxidase type A inhibitors

MOCLOBEMIDE

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. | | | | | | | |
| 1900B NP | Tablet 150 mg | 60 | 5 | .. | 16.00 | 17.11 | ^a Amira 150 AF ^a Chem mart Moclobemide CH ^a Clobemix GM ^a GenRx Moclobemide GX ^a Moclobemide-PS FZ ^a Moclobemide Sandoz SZ ^a Mohexal HX ^a Terry White Chemists Moclobemide TW ^a Aurorix VP |
| 8003F NP | Tablet 300 mg | 60 | 5 | .. | 24.77 | 25.88 | ^a Amira 300 AF ^a Chem mart Moclobemide CH ^a Clobemix GM ^a GenRx Moclobemide GX ^a Moclobemide-PS FZ ^a Moclobemide Sandoz SZ ^a Terry White Chemists TW ^a Moclobemide VP |
| | | | | ^B 0.55 | 16.55 | 17.11 | |
| | | | | ^B 1.10 | 25.87 | 25.88 | ^a 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 | .. | 43.41 | 35.40 | Pristiq | PF |
| 9367B NP | Tablet 100 mg (base) (extended release) | 28 | 5 | .. | 50.52 | 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 | .. | .. | 38.32 | 35.40 | Cymbalta | LY |
| 9156X NP | Capsule 60 mg (base) | 28 | 5 | .. | 50.52 | 35.40 | Cymbalta | 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 |
|--|---|-------------|-------------|-------------------|--|--|----------------------------------|
| LITHIUM CARBONATE | | | | | | | |
| <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. | | | | | | | |
| 3059B NP | Tablet 250 mg | 200 | 2 | .. | 16.99 | 18.10 | Lithicarb AS |
| 8290H NP | Tablet 450 mg (slow release) | 200 | 2 | .. | *34.40 | 35.40 | Quilonum SR GK |
| MIANSERIN HYDROCHLORIDE | | | | | | | |
| <u>Caution</u> | | | | | | | |
| Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy. | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Severe depression. | | | | | | | |
| <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. | | | | | | | |
| 1627P NP | Tablet 10 mg | 50 | 5 | .. | 15.48 | 16.59 ^a | Lumin 10 AF |
| | | | | ^B 3.30 | 18.78 | 16.59 ^a | Tolvon MK |
| 1628Q NP | Tablet 20 mg | 50 | 5 | .. | 25.44 | 26.55 ^a | Lumin 20 AF |
| | | | | ^B 3.30 | 28.74 | 26.55 ^a | Tolvon MK |
| MIRTAZAPINE | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | |
| Major depressive 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. | | | | | | | |
| 8513C NP | Tablet 30 mg | 30 | 5 | .. | 21.31 | 22.42 ^a | Aurozapine 30 DO |
| | | | | | | ^a | Axit 30 AF |
| | | | | | | ^a | Chem mart CH |
| | | | | | | ^a | Mirtazapine GenRx Mirtazapine GX |
| | | | | | | ^a | Mirtazapine-DP GM |
| | | | | | | ^a | Mirtazapine GH GQ |
| | | | | | | ^a | Mirtazapine Sandoz SZ |
| | | | | | | ^a | Mirtazon QA |
| | | | | | | ^a | Terry White Chemists TW |
| | | | | | | ^a | Mirtazapine |
| | | | | ^B 3.50 | 24.81 | 22.42 ^a | Avanza MK |
| 8855C NP | Tablet 15 mg (orally disintegrating) | 30 | 5 | .. | 23.52 | 24.63 ^a | Avanza SolTab MK |
| | | | | | | ^a | Milivin OD 15 DO |
| | | | | | | ^a | Remeron SolTab FR |
| 8856D NP | Tablet 30 mg (orally disintegrating) | 30 | 5 | .. | 29.20 | 30.31 ^a | Avanza SolTab MK |
| | | | | | | ^a | Milivin OD 30 DO |
| | | | | | | ^a | Remeron SolTab FR |
| 8857E NP | Tablet 45 mg (orally disintegrating) | 30 | 5 | .. | 40.70 | 35.40 ^a | Avanza SolTab MK |
| | | | | | | ^a | Milivin OD 45 DO |

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 | |
|--|---|-------------|-------------|-------------------|--|--|--------------------------------------|----------------|
| 8883M NP | Tablet 45 mg | 30 | 5 | .. | 31.19 | 32.30 | ^a Remeron SolTab | FR |
| | | | | | | | ^a APO-Mirtazapine | TX |
| | | | | | | | ^a Aurozapine 45 | DO |
| | | | | | | | ^a Axit 45 | AF |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Mirtazapine | GH |
| | | | | | | | ^a Mirtazapine | SZ |
| | | | | | | | ^a Sandoz | QA |
| | | | | | | | ^a Mirtazon | QA |
| | | | | | | | ^a Terry White Chemists | TW |
| 9365X NP | Tablet 15 mg | 30 | 5 | .. | 16.38 | 17.49 | ^a Mirtazapine | |
| | | | | | | | ^a Avanza | MK |
| | | | | ^B 3.51 | 34.70 | 32.30 | ^a Axit 15 | AF |
| REBOXETINE MESILATE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Major depressive 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. | | | | | | | | |
| 8583R NP | Tablet 4 mg (base) | 60 | 5 | .. | 38.86 | 35.40 | Edronax | PF |
| VENLAFAXINE HYDROCHLORIDE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Major depressive 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. | | | | | | | | |
| 8301X NP | Capsule 75 mg (base) (modified release) | 28 | 5 | .. | 37.81 | 35.40 | ^a Altven | FZ |
| | | | | | | | ^a APO-Venlafaxine | TX |
| | | | | | | | ^a XR | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Venlafaxine XR | CH |
| | | | | | | | ^a Efexor-XR | PF |
| | | | | | | | ^a Elaxine SR 75 | ZP |
| | | | | | | | ^a Enlafax-XR | AF |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | Venlafaxine XR |
| 8302Y NP | Capsule 150 mg (base) (modified release) | 28 | 5 | .. | 44.20 | 35.40 | ^a Venlafaxine | GQ |
| | | | | | | | ^a generichealth XR | GQ |
| | | | | | | | ^a Venlafaxine Sandoz | SZ |
| | | | | | | | ^a XR | SZ |
| | | | | | | | ^a Venla RBX | RA |
| | | | | | | | ^a Venlexor XR | GM |
| 8302Y NP | Capsule 150 mg (base) (modified release) | 28 | 5 | .. | 44.20 | 35.40 | ^a Altven | FZ |
| | | | | | | | ^a APO-Venlafaxine | TX |
| | | | | | | | ^a XR | TX |
| | | | | | | | ^a Chem mart | CH |
| 8302Y NP | Capsule 150 mg (base) (modified release) | 28 | 5 | .. | 44.20 | 35.40 | ^a Venlafaxine XR | CH |
| | | | | | | | ^a Efexor-XR | PF |

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 | |
|-------------|---|-------------|-------------|---------|--|--|------------------------------------|----|
| 8868R NP | Capsule 37.5 mg (base) (modified release) | 28 | .. | .. | 24.25 | 25.36 | ^a Elaxine SR 150 | ZP |
| | | | | | | | ^a Enlafax-XR | AF |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | ^a Venlafaxine XR | GQ |
| | | | | | | | ^a generichealth XR | SZ |
| | | | | | | | ^a Venlafaxine Sandoz XR | RA |
| | | | | | | | ^a Venla RBX | GM |
| | | | | | | | ^a Venlexor XR | FZ |
| | | | | | | | ^a Altven | PF |
| | | | | | | | ^a Efexor-XR | ZP |
| | | | | | | | ^a Elaxine SR 37.5 | RA |
| | | | | | | | ^a Venla RBX | |

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 | .. | *221.28 | 35.40 | Strattera | LY |
| 9093N | Capsule 18 mg (base) | 56 | 5 | .. | *221.28 | 35.40 | Strattera | LY |
| 9094P | Capsule 25 mg (base) | 56 | 5 | .. | *221.28 | 35.40 | Strattera | LY |
| 9095Q | Capsule 40 mg (base) | 56 | 5 | .. | *221.28 | 35.40 | Strattera | LY |
| 9096R | Capsule 60 mg (base) | 56 | 5 | .. | *221.28 | 35.40 | Strattera | LY |
| 9289X | Capsule 80 mg (base) | 28 | 5 | .. | 147.21 | 35.40 | Strattera | LY |
| 9290Y | Capsule 100 mg (base) | 28 | 5 | .. | 147.21 | 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.

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. | | | | | | | | |
| 1165H NP | Tablet 5 mg | 100 | 5 | .. | 18.29 | 19.40 | Aspen Pharma Pty Ltd | QA |
| 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 | .. | 16.99 | 18.10 | Ritalin 10 | NV |
| 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 | .. | 55.56 | 35.40 | Concerta | JC |
| 2387P NP | Tablet 18 mg (extended release) | 30 | 5 | .. | 51.42 | 35.40 | Concerta | JC |
| 2388Q NP | Tablet 36 mg (extended release) | 30 | 5 | .. | 59.80 | 35.40 | Concerta | JC |
| 2432B NP | Tablet 54 mg (extended release) | 30 | 5 | .. | 69.86 | 35.40 | Concerta | JC |
| 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 8 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. | | | | | | | | |
| 2276T NP | Capsule 20 mg (modified release) | 30 | 5 | .. | 44.67 | 35.40 | Ritalin LA | NV |
| 2280B NP | Capsule 30 mg (modified release) | 30 | 5 | .. | 52.13 | 35.40 | Ritalin LA | NV |
| 2283E NP | Capsule 40 mg (modified release) | 30 | 5 | .. | 54.66 | 35.40 | Ritalin LA | NV |
| 3440C NP | Capsule 10 mg (modified release) | 30 | 5 | .. | 34.14 | 35.25 | Ritalin LA | NV |

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 |
|--|---|-------------|-------------|---------|--|--|-----------------------------|
| MODAFINIL | | | | | | | |
| <u>Note</u> | | | | | | | |
| Modafinil is not PBS-subsidised when used in combination with PBS-subsidised dexamphetamine sulfate. | | | | | | | |
| <u>Note</u> | | | | | | | |
| 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 . | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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. | | | | | | | |
| <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 | .. | *347.08 | 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

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 \$ | |

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.

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 | .. | 155.55 | 35.40 | Aricept | PF |
| 8496E NP | Tablet 10 mg | 28 | 5 | .. | 155.55 | 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).

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 \$ | |

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.

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 | .. | 94.47 | 35.40 | ^a | APO-Galantamine | TX |
| | | | | | | | | MR | |
| | | | | | | | ^a | Galantyl | AF |
| | | | | | | | ^a | Gamine XR | QA |
| | | | | | | | ^a | Reminyl | JC |

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 | |
|-------------|---|-------------|-------------|---------|--|--|---------------------------------|----|
| 8771P NP | Capsule 16 mg (base) (prolonged release) | 28 | 5 | .. | 114.11 | 35.40 | ^a APO-Galantamine MR | TX |
| | | | | | | | ^a Galantyl | AF |
| | | | | | | | ^a Gamine XR | QA |
| | | | | | | | ^a Reminyl | JC |
| 8772Q NP | Capsule 24 mg (base) (prolonged release) | 28 | 5 | .. | 134.74 | 35.40 | ^a APO-Galantamine MR | TX |
| | | | | | | | ^a Galantyl | AF |
| | | | | | | | ^a Gamine XR | QA |
| | | | | | | | ^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 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. | | | | | | | |
| <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. | | | | | | | |
| 9161E NP | Transdermal patch 9 mg (releasing approximately 4.6 mg per 24 hours) | 30 | 5 | .. | 166.19 | 35.40 | Exelon Patch 5 NV |
| 9162F NP | Transdermal patch 18 mg (releasing approximately 9.5 mg per 24 hours) | 30 | 5 | .. | 166.19 | 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).

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;

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 |
|-------------|--|-------------|-------------|---------|--|--|-----------------------------|
| | (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 | .. | 155.55 | 35.40 | Exelon NV |
| 8498G NP | Capsule 3 mg (base) | 56 | 5 | .. | 155.55 | 35.40 | Exelon NV |
| 8499H NP | Capsule 4.5 mg (base) | 56 | 5 | .. | 155.55 | 35.40 | Exelon NV |
| 8500J NP | Capsule 6 mg (base) | 56 | 5 | .. | 155.55 | 35.40 | Exelon NV |
| 8563Q NP | Oral solution 2 mg (base) per mL, 120 mL | £1 | 5 | .. | 155.55 | 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.

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.

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 \$ | |

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 | .. | 107.05 | 35.40 | ^a APO-Memantine | TX |
| | | | | | | | ^a Ebixa | LU |
| | | | | | | | ^a Memanxa | QA |
| 9306T NP | Tablet 20 mg | 28 | 5 | .. | 107.05 | 35.40 | Ebixa | LU |

Other nervous system drugs

Parasympathomimetics

Anticholinesterases

PYRIDOSTIGMINE BROMIDE

| | | | | | | | | |
|-------|----------------------------------|-----|---|----|---------|-------|----------------------|----|
| 1959D | Tablet 60 mg | 150 | 5 | .. | 71.42 | 35.40 | Mestinon | VT |
| 2608G | Tablet 180 mg (modified release) | 100 | 5 | .. | *149.32 | 35.40 | Mestinon | VT |
| 2724J | Tablet 10 mg | 100 | 5 | .. | *23.10 | 24.21 | Timespan Mestinon | VT |

Choline esters

BETHANECHOL CHLORIDE

| | | | | | | | | |
|-------------|--------------|-----|---|----|-------|-------|----------|----|
| 1062X NP | Tablet 10 mg | 100 | 2 | .. | 21.13 | 22.24 | 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 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

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 NP | Tablet 150 mg (sustained release) | 30 | .. | .. | 73.19 | 35.40 | ^a Prexaton | GM |
|-------------|-----------------------------------|----|----|----|-------|-------|-----------------------|----|

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 \$ | |
| | | | | ^B 0.80 | 73.99 | 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 NP | Tablet 150 mg (sustained release) | 90 | .. | .. | 159.09 | 35.40 ^a | Prexaton | GM |
| | | | | ^B 0.81 | 159.90 | 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 NP | Transdermal patch releasing approximately 21 mg per 24 hours | 28 | 2 | .. | 55.32 | 35.40 | Nicabate P | GC |
| 9198D NP | Transdermal patch releasing approximately 15 mg per 16 hours | 28 | 2 | .. | 55.32 | 35.40 | Nicorette Patch | JT |

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.

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 | .. | .. | 55.32 | 35.40 | Nicotinell Step 1 | NC |
| 5572G NP | Transdermal patch releasing approximately 14 mg per 24 hours | 28 | .. | .. | 55.32 | 35.40 | Nicotinell Step 2 | NC |
| 5573H NP | Transdermal patch releasing approximately 7 mg per 24 hours | 28 | .. | .. | 55.32 | 35.40 | Nicotinell Step 3 | NC |

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 |
|---|--|-------------|-------------|---------|--|--|-----------------------------|
| NICOTINE | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| Nicotine dependence in an Aboriginal or a Torres Strait Islander person as the sole PBS-subsidised therapy. | | | | | | | |
| <u>Note</u> | | | | | | | |
| 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 | .. | 55.32 | 35.40 | Nicotinell Step 1 NC |
| VARENICLINE | | | | | | | |
| <u>Note</u> | | | | | | | |
| 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. | | | | | | | |
| <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. | | | | | | | |
| 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 | .. | .. | 103.22 | 35.40 | Champix PF |
| VARENICLINE | | | | | | | |
| <u>Note</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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 | .. | .. | *231.80 | 35.40 | Champix PF |
| VARENICLINE | | | | | | | |
| <u>Note</u> | | | | | | | |
| 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. | | | | | | | |
| <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 | .. | 120.52 | 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.

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 and/or repeats will be authorised.

| | | | | | | | | |
|-------------|--------------------------------|-----|---|----|--------|-------|---------|----|
| 8357W NP | Tablet 333 mg (enteric coated) | 180 | 1 | .. | 166.68 | 35.40 | Campral | AF |
|-------------|--------------------------------|-----|---|----|--------|-------|---------|----|

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 | .. | 135.77 | 35.40 | ^a Naltrexone generichealth | GQ |
| | | | | | | | ^a ReVia | BQ |

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 | .. | 662.10 | 35.40 | Rilutek | SW |
|-------------|--------------|----|---|----|--------|-------|---------|----|

TETRABENAZINE

Authority required (STREAMLINED)

1161

Hyperkinetic extrapyramidal 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.

| | | | | | | | | |
|-------------|--------------|-----|---|----|--------|-------|-----------------------------|----|
| 1330B NP | Tablet 25 mg | 112 | 5 | .. | 337.65 | 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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

Antiparasitic products, insecticides and repellents

Antiprotozoals

Agents against amoebiasis and other protozoal diseases

Nitroimidazole derivatives

| | | | | | | | | | |
|-------------|---|----|----|-------------------|-------|-------|--------------|---------------|----|
| 1636D NP | METRONIDAZOLE Tablet 200 mg | 21 | 1 | .. | 7.98 | 9.09 | ^a | Metrogyl 200 | AF |
| | | | | | | | ^a | Metronide 200 | AV |
| | | | | ^B 2.30 | 10.28 | 9.09 | ^a | Flagyl | SW |
| 1642K NP | Suppositories 500 mg, 10 | 1 | .. | .. | 23.26 | 24.37 | | Flagyl | SW |
| | | | | | | | | | |
| 1621H NP | METRONIDAZOLE <u>Restricted benefit</u> Treatment of anaerobic infections. | | | | | | | | |
| | Tablet 400 mg | 21 | 1 | .. | 9.95 | 11.06 | ^a | Metrogyl 400 | AF |
| | | | | | | | ^a | Metronide 400 | AV |
| | | | | ^B 2.30 | 12.25 | 11.06 | ^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 | .. | .. | 18.92 | 20.03 | | Flagyl S | SW |
| 1465D NP | TINIDAZOLE Tablet 500 mg | 4 | .. | .. | 10.89 | 12.00 | ^a | Simplotan | FZ |
| | | | | ^B 2.42 | 13.31 | 12.00 | ^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 | .. | .. | 1034.67 | 35.40 | | Wellvone | GK |
| 1966L NP | PYRIMETHAMINE Tablet 25 mg | 50 | .. | .. | 16.47 | 17.58 | | 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 |
|---|---|-------------|-------------|---------|--|--|-----------------------------|
| Note Atovaquone with proguanil hydrochloride is not PBS-subsidised for the prophylaxis of malaria. | | | | | | | |
| 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. | | | | | | | |
| 9439T NP | Tablet 250 mg-100 mg | 12 | .. | .. | 67.10 | 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 | .. | 14.24 | 15.35 | Quinate AS |
|-------------|---------------|----|---|----|-------|-------|------------|

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 | .. | .. | 97.00 | 35.40 | Riamet NV |
|-------|---------------------|----|----|----|-------|-------|-----------|

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 | .. | .. | 97.00 | 35.40 | Riamet 20mg/120mg Dispersible NV |
|-------|-----------------------------------|----|----|----|-------|-------|--|

Anthelmintics

Antitrematodals

Quinoline derivatives and related substances

PRAZIQUANTEL

Authority required (STREAMLINED)

3147

Schistosomiasis.

| | | | | | | | |
|-------------|---------------|---|----|----|-------|-------|---------------|
| 9447F NP | Tablet 600 mg | 8 | .. | .. | 40.95 | 35.40 | Biltricide BN |
|-------------|---------------|---|----|----|-------|-------|---------------|

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 | .. | .. | 33.20 | 34.31 | Zentel | GK |
| <hr/> | | | | | | | | |
| | ALBENDAZOLE <u>Authority required (STREAMLINED)</u> 1525 Treatment of tapeworm infestation. | | | | | | | |
| 8503M NP | Tablet 200 mg | 6 | 1 | .. | 33.20 | 34.31 | Zentel | GK |
| <hr/> | | | | | | | | |
| | ALBENDAZOLE <u>Authority required (STREAMLINED)</u> 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 | .. | 185.35 | 35.40 | Eskazole | GK |

Tetrahydropyrimidine derivatives

| | | | | | | | | |
|--------------------------|----------------------|---|----|----|-------|-------|------------|----|
| PYRANTEL EMBONATE | | | | | | | | |
| 3047J NP | Tablet 125 mg (base) | 6 | .. | .. | 14.70 | 15.81 | Anthel 125 | AF |
| 3048K NP | Tablet 250 mg (base) | 6 | .. | .. | 22.87 | 23.98 | Anthel 250 | AF |

Avermectines

| | | | | | | | | |
|--|-------------|---|----|----|-------|-------|------------|----|
| IVERMECTIN Authority required (STREAMLINED) 1242 Onchocerciasis; | | | | | | | | |
| 1388 Strongyloidiasis. | | | | | | | | |
| 8359Y NP | Tablet 3 mg | 4 | .. | .. | 31.41 | 32.52 | 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 | .. | 16.87 | 17.98 | 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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 | .. | .. | 20.73 | 21.84 | Bactroban | GK |
|-------------|--|----|----|----|-------|-------|-----------|----|

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 | .. | 37.43 | 35.40 | Foradile | NV |
| 8239P NP | Powder for oral inhalation in breath actuated device 6 micrograms per dose (60 doses) | ¥1 | 5 | .. | 26.48 | 27.59 | Oxis Turbuhaler | AP |
| 8240Q NP | Powder for oral inhalation in breath actuated device 12 micrograms per dose (60 doses) | ¥1 | 5 | .. | 36.54 | 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 | .. | 73.54 | 35.40 | Onbrez | NV |
| 5137J NP | Capsule containing powder for oral inhalation 300 micrograms (as maleate) (for use in Breezhaler) | 30 | 5 | .. | 73.54 | 35.40 | Onbrez | NV |

SALBUTAMOL SULFATE

| | | | | | | | | |
|-------------|---|-----|---|-------------------|--------|-------|--|----|
| 1099W NP | Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler) | 200 | 5 | .. | *16.16 | 17.27 | Ventolin Rotacaps | GK |
| 8288F NP | Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation | 2 | 5 | .. | *13.92 | 15.03 | ^a Airomir | IA |
| | | | | | | | ^a APO-Salbutamol Inhaler | TX |
| | | | | | | | ^a Asmol CFC-free | AL |
| | | | | ^B 2.32 | *16.24 | 15.03 | ^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 | .. | *38.70 | 35.40 | Airomir Autohaler | IA |
| <hr/> | | | | | | | | |
| 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 | .. | *18.42 | 19.53 | ^a Asmol 2.5 uni-dose | AF |
| | | | | | | | ^a Butamol 2.5 | QA |
| | | | | | | | ^a GenRx Salbutamol | GX |
| | | | | | | | ^a Pharmacor | CR |
| | | | | | | | ^a Salbutamol 2.5 | CR |
| | | | | | | | ^a Salbutamol-GA | GM |
| | | | | | | | ^a Salbutamol Sandoz | SZ |
| | | | | ^B 1.34 | *19.76 | 19.53 | ^a Ventolin Nebules | GK |
| 2001H NP | Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 | 2 | 5 | .. | *19.08 | 20.19 | ^a Asmol 5 uni-dose | AF |
| | | | | | | | ^a Butamol 5 | QA |
| | | | | | | | ^a GenRx Salbutamol | GX |
| | | | | | | | ^a Pharmacor | CR |
| | | | | | | | ^a Salbutamol 5 | CR |
| | | | | | | | ^a Salbutamol-GA | GM |
| | | | | | | | ^a Salbutamol Sandoz | SZ |
| | | | | ^B 1.36 | *20.44 | 20.19 | ^a Ventolin Nebules | GK |
| 2003K NP | Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL | 2 | 2 | .. | *19.08 | 20.19 | 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 | .. | 37.43 | 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 | .. | 17.93 | 19.04 | 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 | Maximum Recordable Value for | | |
|-------------|--|-------------|-------------|---------|------------------------|------------------------------------|----------------------------------|----|
| | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Max. Qty \$ | Safety Net \$ | Brand Name and Manufacturer | |
| Code | | | | | | | | |
| | 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 | .. | 58.87 | 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 | .. | 54.57 | 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 | .. | 90.65 | 35.40 | Symbicort Turbuhaler 400/12 | AP |
|-------------|---|---|---|----|-------|-------|-----------------------------|----|

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 | .. | 47.30 | 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 | .. | 59.41 | 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 | .. | 47.30 | 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 | .. | 59.41 | 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 | .. | 78.54 | 35.40 | Seretide Accuhaler 500/50 | 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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 8519J NP | Oral pressurised inhalation 250 micrograms- 25 micrograms (base) per dose (120 doses), CFC-free formulation | #1 | 5 | .. | 78.54 | 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 | .. | 19.39 | 20.50 | Qvar 50 | IA |
| 8407L NP | Oral pressurised inhalation 100 micrograms per dose (200 doses), CFC-free formulation | #1 | 5 | .. | 33.56 | 34.67 | 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 | .. | 27.97 | 29.08 | Qvar 50 Autohaler | IA |
| 8409N NP | Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation | #1 | 5 | .. | 39.23 | 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 | .. | 23.44 | 24.55 | Pulmicort Turbuhaler | AP |
| 2071B NP | Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses) | #1 | 5 | .. | 31.18 | 32.29 | Pulmicort Turbuhaler | AP |
| 2072C NP | Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses) | #1 | 5 | .. | 45.94 | 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 | .. | 37.96 | 35.40 | Pulmicort Respules | AP |
| 2066R NP | Nebuliser suspension single dose units 1 mg in 2 mL, 30 | #1 | 5 | .. | 49.10 | 35.40 | Pulmicort Respules | AP |

CICLESONIDE

| | | | | | | | | |
|-------------|--|----|---|----|-------|-------|-------------|----|
| 8853Y NP | Oral pressurised inhalation 80 micrograms per dose (120 doses), CFC-free formulation | #1 | 5 | .. | 26.25 | 27.36 | Alvesco 80 | NQ |
| 8854B NP | Oral pressurised inhalation 160 micrograms per dose (120 doses), CFC-free formulation | #1 | 5 | .. | 42.35 | 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 | .. | 17.19 | 18.30 | Flixotide Junior Accuhaler | GK |
| 8148W NP | Powder for oral inhalation in breath actuated device 250 micrograms per dose (60 doses) | #1 | 5 | .. | 30.76 | 31.87 | Flixotide Accuhaler | GK |
| 8149X NP | Powder for oral inhalation in breath actuated device 500 micrograms per dose (60 doses) | #1 | 1 | .. | 49.82 | 35.40 | Flixotide Accuhaler | GK |
| 8345F NP | Oral pressurised inhalation 125 micrograms per dose (120 doses), CFC-free formulation | #1 | 5 | .. | 30.76 | 31.87 | Flixotide | GK |
| 8346G NP | Oral pressurised inhalation 250 micrograms per dose (120 doses), CFC-free formulation | #1 | 1 | .. | 49.82 | 35.40 | Flixotide | GK |
| 8516F NP | Oral pressurised inhalation 50 micrograms per dose (120 doses), CFC-free formulation | #1 | 5 | .. | 17.19 | 18.30 | Flixotide Junior | GK |

Anticholinergics

| | | | | | | | | |
|-------------|--|---|---|----|--------|-------|----------|----|
| 8671J NP | Oral pressurised inhalation 21 micrograms per dose (200 doses). CFC-free formulation | 2 | 5 | .. | *33.94 | 35.05 | Atrovent | BY |
|-------------|--|---|---|----|--------|-------|----------|----|

Chronic obstructive pulmonary disease in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Chronic obstructive pulmonary disease.

| | | | | | | | | |
|-------------|---|----|---|----|-------|-------|---------|----|
| 8626B NP | Capsule containing powder for oral inhalation 18 micrograms (base) (for use in HandiHaler) | 30 | 5 | .. | 73.54 | 35.40 | Spiriva | BY |
|-------------|---|----|---|----|-------|-------|---------|----|

Antiallergic agents, excl. corticosteroids

| | | | | | | | | |
|-------------|---|----|---|----|-------|-------|-----------------|----|
| 8365G NP | Oral pressurised inhalation 2 mg per dose (112 doses), CFC-free formulation | #1 | 5 | .. | 37.79 | 35.40 | Tilade CFC-Free | SW |
|-------------|---|----|---|----|-------|-------|-----------------|----|

| | | | | | | | | |
|-------------|--|-----|---|----|-------|-------|--------------------------|----|
| 2878L NP | Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Halermatic) | 100 | 5 | .. | 31.51 | 32.62 | Intal Spincaps | GM |
| 8334P NP | Oral pressurised inhalation 5 mg per dose (112 doses), CFC-free formulation | £1 | 5 | .. | 35.94 | 35.40 | Intal Forte CFC- Free | SW |
| 8767K NP | Oral pressurised inhalation 1 mg per dose (200 doses), CFC-free formulation | £1 | 5 | .. | 30.39 | 31.50 | 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 | .. | 20.44 | 21.55 | Link Medical Products Pty Ltd | LM |

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 | .. | .. | 106.10 | 35.40 | Anapen Junior | LM |
| 3409K NP | I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector | 1 | .. | .. | 106.10 | 35.40 | Anapen | LM |
| 8697R NP | I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector | 1 | .. | .. | 106.10 | 35.40 | EpiPen Jr. | AL |
| 8698T NP | I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector | 1 | .. | .. | 106.10 | 35.40 | EpiPen | AL |

Selective beta-2-adrenoceptor agonists

| | | | | | | | | |
|----------------------------|------------------------------------|---|----|----|--------|-------|----------|----|
| SALBUTAMOL SULFATE | | | | | | | | |
| 1103C NP | Syrup 2 mg (base) per 5 mL, 150 mL | 2 | 5 | .. | *22.30 | 23.41 | Ventolin | GK |
| TERBUTALINE SULFATE | | | | | | | | |
| 1034K NP | Injection 500 micrograms in 1 mL | 5 | .. | .. | 30.69 | 31.80 | 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 | .. | 12.41 | 13.52 | Nuelin | IA |
| 2634P NP | Tablet 250 mg (sustained release) | 100 | 5 | .. | 13.42 | 14.53 | Nuelin-SR 250 | IA |
| 8230E NP | Tablet 200 mg (sustained release) | 100 | 5 | .. | 12.26 | 13.37 | Nuelin-SR 200 | IA |
| 8231F NP | Tablet 300 mg (sustained release) | 100 | 5 | .. | 14.80 | 15.91 | 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. | | | | | | |
| | <u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | |
| 8627C NP | Chewable tablet 4 mg (base) | 28 | 5 | .. | 48.03 | 35.40 | Singulair MK |
| <hr/> | | | | | | | |
| MONTELUKAST SODIUM | | | | | | | |
| <u>Authority required (STREAMLINED)</u> 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. | | | | | | | |
| <u>Authority required (STREAMLINED)</u> 3217 Prevention of exercise-induced asthma, as an alternative to adding salmeterol xinafoate or eformoterol 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. | | | | | | | |
| <u>Note</u> 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. | | | | | | | |
| <u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | |
| 8628D NP | Chewable tablet 5 mg (base) | 28 | 5 | .. | 45.81 | 35.40 | Singulair MK |

Cough and cold preparations

Cough suppressants, excl. combinations with expectorants

Opium alkaloids and derivatives

| | | | | | | | |
|--------------------------|--------------|----|----|----|-------|-------|--|
| CODEINE PHOSPHATE | | | | | | | |
| 1214X NP | Tablet 30 mg | 20 | .. | .. | 16.97 | 18.08 | Fawns and McAllan Proprietary Limited FM |

Antihistamines for systemic use

Antihistamines for systemic use

Phenothiazine derivatives

| | | | | | | | |
|-----------------------------------|-------------------------|----|----|----|--------|-------|------------------------|
| PROMETHAZINE HYDROCHLORIDE | | | | | | | |
| 1948M NP | Injection 50 mg in 2 mL | 10 | .. | .. | *22.42 | 23.53 | Hospira Pty Limited HH |

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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 | .. | .. | #21.27 | 22.72 | Zithromax | PF |
| 8336R NP | Tablet 500 mg (as dihydrate) | 2 | 2 | .. | 21.19 | 22.30 | ^a Azithromycin Sandoz | SZ |
| | | | | | | | ^a Zithromax | PF |
| | | | | | | | ^a Zitrocin | GM |

CHLORAMPHENICOL

| | | | | | | | | |
|----------------|-------------------------------------|----|----|----|-------|-------|---------------|----|
| 1171P NP,MW | Eye ointment 10 mg per g (1%), 4 g | ‡1 | .. | .. | 9.86 | 10.97 | Chloromycetin | PF |
| 2360F NP,MW | Eye drops 5 mg per mL (0.5%), 10 mL | ‡1 | 2 | .. | 11.10 | 12.21 | 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 | .. | 18.39 | 19.50 | Genoptic | AG |
|-------|---|----|---|----|-------|-------|----------|----|

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 | .. | 19.38 | 20.49 | Tobrex | AQ |
| 2329N | Eye ointment 3 mg per g (0.3%), 3.5 g | ‡1 | .. | .. | 22.48 | 23.59 | 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 | .. | .. | 33.73 | 34.84 | Zovirax | GK |
|-------------|--------------------------------------|----|----|----|-------|-------|---------|----|

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 antiinfectives | | | | | | | | |
| CIPROFLOXACIN | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| Bacterial keratitis. | | | | | | | | |
| 1217C | Eye drops 3 mg per mL (0.3%), 5 mL | 2 | .. | .. | *28.58 | 29.69 ^a | CiloQuin | IQ |
| | | | | ^B 2.06 | *30.64 | 29.69 ^a | Ciloxan | AQ |
| OFLOXACIN | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| Bacterial keratitis. | | | | | | | | |
| 8383F | Eye drops 3 mg per mL (0.3%), 5 mL | 2 | .. | .. | *32.24 | 33.35 | Ocuflox | AG |
| Antiinflammatory agents | | | | | | | | |
| Corticosteroids, plain | | | | | | | | |
| DEXAMETHASONE | | | | | | | | |
| 1288T | Eye drops 1 mg per mL (0.1%), 5 mL | ‡1 | 2 | .. | 10.71 | 11.82 | Maxidex | AQ |
| NP | | | | | | | | |
| FLUOROMETHOLONE | | | | | | | | |
| 1204J | Eye drops 1 mg per mL (0.1%), 5 mL | ‡1 | 5 | .. | 10.71 | 11.82 | Flucon | AQ |
| NP | | | | | | | FML Liquifilm | AG |
| FLUOROMETHOLONE ACETATE | | | | | | | | |
| 1438Q | Eye drops 1 mg per mL (0.1%), 5 mL | ‡1 | 2 | .. | 10.71 | 11.82 | Flarex | AQ |
| NP | | | | | | | | |
| HYDROCORTISONE ACETATE | | | | | | | | |
| 2441L | Eye ointment 10 mg per g (1%), 5 g | ‡1 | .. | .. | 12.79 | 13.90 | Hycor | QA |
| NP | | | | | | | | |
| Corticosteroids and mydriatics in combination | | | | | | | | |
| PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Corneal grafts; | | | | | | | | |
| Uveitis. | | | | | | | | |
| 3112T | Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL | ‡1 | 2 | .. | 23.83 | 24.94 | Prednefrin Forte | AG |
| NP | | | | | | | | |
| Antiinflammatory agents, non-steroids | | | | | | | | |
| FLURBIPROFEN SODIUM | | | | | | | | |
| 8699W | Eye drops 300 micrograms per mL (0.03%), single dose units 0.4 mL, 5 | 1 | .. | .. | 16.92 | 18.03 | Ocufen | AG |
| NP | | | | | | | | |
| Antiglaucoma preparations and miotics | | | | | | | | |
| Sympathomimetics in glaucoma therapy | | | | | | | | |
| 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 | .. | 41.87 | 35.40 | Iopidine 0.5% | AQ |
| BRIMONIDINE TARTRATE | | | | | | | | |
| 5298W | Eye drops 1.5 mg per mL (0.15%), 5 mL | ‡1 | 5 | .. | 20.24 | 21.35 | 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 | .. | 20.24 | 21.35 ^a | Enidin | PE |
| | | | | ^B 1.63 | 21.87 | 21.35 ^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 | .. | 26.13 | 27.24 | Combigan | AG |
|-------|---|----|---|----|-------|-------|----------|----|

Parasympathomimetics

PILOCARPINE HYDROCHLORIDE

| | | | | | | | | |
|-------|------------------------------------|----|---|----|-------|-------|----------------|----|
| 2595N | Eye drops 10 mg per mL (1%), 15 mL | ‡1 | 5 | .. | 12.63 | 13.74 | Isopto Carpine | AQ |
| 2596P | Eye drops 20 mg per mL (2%), 15 mL | ‡1 | 5 | .. | 13.88 | 14.99 | Isopto Carpine | AQ |
| 2598R | Eye drops 40 mg per mL (4%), 15 mL | ‡1 | 5 | .. | 16.73 | 17.84 | 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 | .. | 23.89 | 25.00 | Diamox | QA |
|-------------|---------------|-----|---|----|-------|-------|--------|----|

BRINZOLAMIDE

| | | | | | | | | |
|-------|-----------------------------------|----|---|-------------------|-------|--------------------|------------|----|
| 8483L | Eye drops 10 mg per mL (1%), 5 mL | ‡1 | 5 | .. | 22.87 | 23.98 ^a | BrinzoQuin | IQ |
| | | | | ^B 1.18 | 24.05 | 23.98 ^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 | .. | 26.98 | 28.09 | Azarga | AQ |
|-------|--|----|---|----|-------|-------|--------|----|

DORZOLAMIDE HYDROCHLORIDE

| | | | | | | | | |
|-------|--|----|---|----|-------|-------|---------|----|
| 8488R | Eye drops 20 mg (base) per mL (2%), 5 mL | ‡1 | 5 | .. | 21.39 | 22.50 | Trusopt | MK |
|-------|--|----|---|----|-------|-------|---------|----|

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 | .. | 27.28 | 28.39 | Cosopt | MK |
|-------|---|----|---|----|-------|-------|--------|----|

Beta blocking agents

BETAXOLOL HYDROCHLORIDE

| | | | | | | | | |
|-------|---|----|---|-------------------|-------|--------------------|------------|----|
| 2811Y | Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL | ‡1 | 5 | .. | 14.87 | 15.98 | Betoptic S | AQ |
| 2825Q | Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL | ‡1 | 5 | .. | 14.87 | 15.98 ^a | BetoQuin | IQ |
| | | | | ^B 2.09 | 16.96 | 15.98 ^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 | .. | 11.64 | 12.75 | Tenopt | QA |
| 1279H | Eye drops 5 mg (base) per mL (0.5%), 5 mL | ¥1 | 5 | .. B3.03 | 12.41 15.44 | 13.52 ^a 13.52 ^a | Tenopt Timoptol | QA FR |
| 1925H | Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL | ¥1 | 5 | .. | 11.64 | 12.75 | Timoptol XE | MK |
| 1926J | Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL | ¥1 | 5 | .. | 12.41 | 13.52 | Timoptol XE | MK |
| 8803H | Eye gel 1 mg (base) per g (0.1%), 5 g | ¥1 | 5 | .. | 12.97 | 14.08 | Nyogel | NV |

Prostaglandin analogues

| | | | | | | | | |
|--------------------|---|----|---|----|-------|-------|---------|----|
| BIMATOPROST | | | | | | | | |
| 8620Q | Eye drops 300 micrograms per mL (0.03%), 3 mL | ¥1 | 5 | .. | 42.24 | 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 | .. | 46.69 | 35.40 | Ganfort 0.3/5 | AG |
|-------|---|----|---|----|-------|-------|---------------|----|

LATANOPROST

| | | | | | | | | |
|-------|--|----|---|----|-------|-------|---------------------------------|----|
| 8243W | Eye drops 50 micrograms per mL (0.005%), 2.5 mL | ¥1 | 5 | .. | 36.67 | 35.40 | ^a APO-Latanoprost | TX |
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Latanoprost | |
| | | | | | | | ^a Latanoprost Pfizer | FZ |
| | | | | | | | ^a Latanoprost | SZ |
| | | | | | | | ^a Sandoz | |
| | | | | | | | ^a Terry White | TW |
| | | | | | | | ^a Chemists | |
| | | | | | | | ^a Latanoprost | |
| | | | | | | | ^a 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 | .. | 40.97 | 35.40 | ^a Latanocom | FZ |
| | | | | | | | ^a Xalacom | PF |

TRAVOPROST

| | | | | | | | | |
|-------|--|----|---|----|-------|-------|----------|----|
| 8597L | Eye drops 40 micrograms per mL (0.004%), 2.5 mL | ¥1 | 5 | .. | 42.24 | 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 | .. | 46.69 | 35.40 | Duotrav | 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 | |
|---|--|-------------|-------------|---------|--|--|-----------------------------|----|
| Mydriatics and cycloplegics | | | | | | | | |
| Anticholinergics | | | | | | | | |
| ATROPINE | | | | | | | | |
| 1093M NP | Eye drops containing atropine sulfate 10 mg per mL (1%), 15 mL | ‡1 | 2 | .. | 21.87 | 22.98 | Atropt | QA |
| HOMATROPINE HYDROBROMIDE | | | | | | | | |
| 2541R NP | Eye drops 20 mg per mL (2%), 15 mL | ‡1 | 2 | .. | 18.91 | 20.02 | Isopto Homatropine | AQ |
| Decongestants and antiallergics | | | | | | | | |
| Other antiallergics | | | | | | | | |
| SODIUM CROMOGLYCATE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Vernal kerato-conjunctivitis. | | | | | | | | |
| 1127H NP | Eye drops 20 mg per mL (2%), 10 mL | ‡1 | 5 | .. | 14.31 | 15.42 | ^a Cromolux | AE |
| | | | | | | | ^a Opticrom | SW |
| Ocular vascular disorder agents | | | | | | | | |
| Antineovascularisation agents | | | | | | | | |
| RANIBIZUMAB | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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. | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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). | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| Special Pricing Arrangements apply. | | | | | | | | |
| 1382R | Solution for intravitreal injection 2.3 mg in 0.23 mL | 1 | 2 | .. | 1976.46 | 35.40 | Lucentis | NV |

Sensory organs

| 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 \$ | |

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
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

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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
| | 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 | .. | .. | 2246.46 | 35.40 | Visudyne | NV |
|-------|--------------------------------|---|----|----|---------|-------|----------|----|

Other ophthalmologicals

Other ophthalmologicals

CARBOMER

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome.

| | | | | | | | | |
|-------------|---------------------------------|---|---|-------------------|-------|--------------|-------------------------|----|
| 8384G NP | Eye gel 2 mg per g (0.2%), 10 g | 1 | 5 | .. | 10.37 | 11.48 | GelTears | BU |
| | | | | | | ^a | PAA | IQ |
| | | | | ^B 1.50 | 11.87 | 11.48 | ^a Viscotears | AQ |

CARBOMER

Restricted benefit

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.

Note

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 | .. | 10.37 | 11.48 | GelTears | BU |
| | | | | | | ^a | PAA | IQ |
| | | | | ^B 1.50 | 11.87 | 11.48 | ^a Viscotears | AQ |

CARBOMER

Authority required (STREAMLINED)

1359

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 | .. | *36.19 | 35.40 | Viscotears Gel PF | AQ |
|-------------|--|---|---|----|--------|-------|-------------------|----|

CARBOMER 974

Authority required (STREAMLINED)

1359

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 | .. | *36.16 | 35.40 | Poly Gel | AQ |
|-------------|--|---|---|----|--------|-------|----------|----|

CARMELLOSE SODIUM

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome.

| | | | | | | | | |
|-------------|-------------------------------------|---|---|----|-------|-------|--------------------|----|
| 8548X NP | Eye drops 5 mg per mL (0.5%), 15 mL | 1 | 5 | .. | 10.69 | 11.80 | Refresh Tears Plus | AG |
| 8593G NP | Eye drops 10 mg per mL (1%), 15 mL | 1 | 5 | .. | 10.69 | 11.80 | 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>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 | .. | 10.69 | 11.80 | Refresh Tears Plus | AG |
| 9212W | Eye drops 10 mg per mL (1%), 15 mL | 1 | 11 | .. | 10.69 | 11.80 | Refresh Liquigel | AG |
| <hr/> | | | | | | | | |
| 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 | Eye drops 10 mg per mL (1%), single dose units | 3 | 5 | .. | *36.16 | 35.40 | Celluvisc | AG |
| NP | 0.4 mL, 30 | | | | | | | |
| 2338C | Eye drops 5 mg per mL (0.5%), single dose units | 3 | 5 | .. | *36.16 | 35.40 | Cellufresh | AG |
| NP | 0.4 mL, 30 | | | | | | | |
| 8823J | Eye drops 2.5 mg per mL (0.25%), single dose | 4 | 5 | .. | *40.52 | 35.40 | TheraTears | CX |
| NP | units 0.6 mL, 24 | | | | | | | |
| 8824K | Ocular lubricating gel 10 mg per mL (1%), single | 3 | 5 | .. | *34.18 | 35.29 | TheraTears | CX |
| NP | dose units 0.6 mL, 28 | | | | | | | |
| <hr/> | | | | | | | | |
| 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 | Eye drops 5 mg-9 mg per mL (0.5%-0.9%), 15 mL | 1 | 3 | .. | 10.69 | 11.80 | Optive | AG |
| NP | | | | | | | | |
| <hr/> | | | | | | | | |
| 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 | .. | 10.69 | 11.80 | Optive | AG |
| <hr/> | | | | | | | | |
| 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 | Eye drops 5 mg-9 mg per mL (0.5%-0.9%), single | 3 | 5 | .. | *36.16 | 35.40 | Optive | AG |
| NP | dose units 0.4 mL, 30 | | | | | | | |
| <hr/> | | | | | | | | |
| HYPROMELLOSE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Severe dry eye syndrome, including Sjogren's syndrome. | | | | | | | | |
| 2956N | Eye drops 5 mg per mL (0.5%), 15 mL | 1 | 5 | .. | 10.37 | 11.48 | Methopt | QA |
| NP | | | | | | | | |
| 8287E | Eye drops 3 mg per mL (0.3%), 15 mL (contains | 1 | 5 | .. | 10.37 | 11.48 | ^a In a Wink | IQ |
| NP | sodium perborate as preservative) | | | | | | Moisturising | |

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 |
|------|---|-------------|-------------|-------------------|--|--|-----------------------------|
| | | | | ^B 1.95 | 12.32 | 11.48 ^a | Genteal AQ |

HYPROMELLOSE

Restricted benefit

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.

Note

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

| | | | | | | | | |
|-------|---|---|----|-------------------|-------|--------------------|------------------------|----|
| 9213X | Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative) | 1 | 11 | .. | 10.37 | 11.48 ^a | In a Wink Moisturising | IQ |
| | | | | ^B 1.95 | 12.32 | 11.48 ^a | Genteal | AQ |
| 9214Y | Eye drops 5 mg per mL (0.5%), 15 mL | 1 | 11 | .. | 10.37 | 11.48 | Methopt | QA |

HYPROMELLOSE with CARBOMER 980

Restricted benefit

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 | .. | 10.37 | 11.48 ^a | HPMC PAA | IQ |
| | | | | ^B 1.95 | 12.32 | 11.48 ^a | Genteal gel | AQ |

HYPROMELLOSE with CARBOMER 980

Restricted benefit

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.

Note

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 | .. | 10.37 | 11.48 ^a | HPMC PAA | IQ |
| | | | | ^B 1.95 | 12.32 | 11.48 ^a | Genteal gel | AQ |

HYPROMELLOSE with DEXTRAN

Restricted benefit

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 | .. | 10.59 | 11.70 ^a | Poly-Tears | IQ |
| | | | | ^B 2.04 | 12.63 | 11.70 ^a | Tears Naturale | AQ |

HYPROMELLOSE with DEXTRAN

Restricted benefit

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.

Note

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 | .. | 10.59 | 11.70 ^a | Poly-Tears | IQ |
| | | | | ^B 2.04 | 12.63 | 11.70 ^a | Tears Naturale | AQ |

HYPROMELLOSE with DEXTRAN

Authority required (STREAMLINED)

1359

Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.

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 | |
|-----------------|--|-------------|-------------|-------------------|--|--|-----------------------------|----|
| 8299T NP | Eye drops 3 mg-1 mg per mL (0.3%-0.1%), single dose units 0.4 mL, 28 | 3 | 5 | .. | *35.17 | 35.40 | Bion Tears | AQ |
| PARAFFIN | | | | | | | | |
| 1750D NP | Pack containing 2 tubes compound eye ointment 3.5 g | 1 | 5 | .. | 20.70 | 21.81 | Poly Visc | IQ |
| | | | | | | | ^a Ircal | PE |
| | | | | ^B 2.12 | 22.82 | 21.81 | ^a Lacri-Lube | AG |
| 1754H NP | Compound eye ointment 3.5 g | 2 | 5 | .. | *21.34 | 22.45 | ^a Poly Visc | IQ |
| | | | | ^B 2.54 | *23.88 | 22.45 | ^a Duratears | AQ |

PARAFFIN

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.

| | | | | | | | | |
|-------|---|---|----|-------------------|--------|-------|-------------------------|----|
| 9217D | Compound eye ointment 3.5 g | 2 | 11 | .. | *21.34 | 22.45 | ^a Poly Visc | IQ |
| | | | | ^B 2.54 | *23.88 | 22.45 | ^a Duratears | AQ |
| 9218E | Pack containing 2 tubes compound eye ointment 3.5 g | 1 | 11 | .. | 20.70 | 21.81 | Poly Visc | IQ |
| | | | | | | | ^a Ircal | PE |
| | | | | ^B 2.12 | 22.82 | 21.81 | ^a Lacri-Lube | AG |

POLYETHYLENE GLYCOL 400

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome.

Note

The in-use shelf life of Blink Intensive Tears multi-dose formulation is 45 days from the date of opening.

| | | | | | | | | |
|-------------|--|---|---|----|-------|-------|-----------------------|----|
| 9491M NP | Eye drops 2.5 mg per mL (0.25%), 15 mL | 1 | 5 | .. | 10.69 | 11.80 | Blink Intensive Tears | AO |
|-------------|--|---|---|----|-------|-------|-----------------------|----|

POLYETHYLENE GLYCOL 400

Restricted benefit

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.

Note

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

Note

The in-use shelf life of Blink Intensive Tears multi-dose formulation is 45 days from the date of opening.

| | | | | | | | | |
|-------|--|---|----|----|-------|-------|-----------------------|----|
| 9492N | Eye drops 2.5 mg per mL (0.25%), 15 mL | 1 | 11 | .. | 10.69 | 11.80 | Blink Intensive Tears | AO |
|-------|--|---|----|----|-------|-------|-----------------------|----|

POLYETHYLENE GLYCOL 400

Authority required (STREAMLINED)

1359

Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.

| | | | | | | | | |
|-------------|---|---|---|----|--------|-------|-----------------------|----|
| 9493P NP | Eye drops 2.5 mg per mL (0.25%), single dose units 0.4 mL, 20 | 5 | 5 | .. | *39.47 | 35.40 | Blink Intensive Tears | AO |
|-------------|---|---|---|----|--------|-------|-----------------------|----|

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 | |
|---|---|-------------|-------------|-------------------|--|--|------------------------------|----|
| POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Severe dry eye syndrome, including Sjogren's syndrome. | | | | | | | | |
| 8676P NP | Eye drops 4 mg-3 mg per mL (0.4%-0.3%), 15 mL | #1 | 5 | .. | 10.69 | 11.80 | Systane | AQ |
| <hr/> | | | | | | | | |
| POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL | | | | | | | | |
| <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. | | | | | | | | |
| 9219F | Eye drops 4 mg-3 mg per mL (0.4%-0.3%), 15 mL | #1 | 11 | .. | 10.69 | 11.80 | Systane | AQ |
| <hr/> | | | | | | | | |
| 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 | .. | *34.18 | 35.29 | Systane | AQ |
| <hr/> | | | | | | | | |
| 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 | .. | 10.37 | 11.48 | ^a PVA Forte | PE |
| | | | | ^B 5.59 | 15.96 | 11.48 | ^a Liquifilm Forte | AG |
| 2682E NP | Eye drops 14 mg per mL (1.4%), 15 mL | #1 | 5 | .. | 10.37 | 11.48 | ^a PVA Tears | PE |
| | | | | ^B 1.60 | 11.97 | 11.48 | ^a Liquifilm Tears | AG |
| 8831T NP | Eye drops 14 mg per mL (1.4%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative) | #1 | 5 | .. | 10.37 | 11.48 | Vistil | AE |
| 8832W NP | Eye drops 30 mg per mL (3%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative) | #1 | 5 | .. | 10.37 | 11.48 | Vistil Forte | AE |
| <hr/> | | | | | | | | |
| 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 | .. | 10.37 | 11.48 | ^a PVA Tears | PE |
| | | | | ^B 1.60 | 11.97 | 11.48 | ^a Liquifilm Tears | AG |
| 9221H | Eye drops 14 mg per mL (1.4%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative) | #1 | 11 | .. | 10.37 | 11.48 | Vistil | AE |
| 9222J | Eye drops 30 mg per mL (3%), 15 mL | #1 | 11 | .. | 10.37 | 11.48 | ^a PVA Forte | PE |
| | | | | ^B 5.59 | 15.96 | 11.48 | ^a Liquifilm Forte | AG |
| 9223K | Eye drops 30 mg per mL (3%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative) | #1 | 11 | .. | 10.37 | 11.48 | Vistil Forte | AE |

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 | |
| 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 | .. | *36.16 | 35.40 | tearsagain | RB |

Otologicals

Antiinfectives

Antiinfectives

| | | | | | | | | |
|---|--|---|----|----|-------|-------|---------------|----|
| CHLORAMPHENICOL | | | | | | | | |
| 1172Q NP | Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL | 1 | 2 | .. | 11.15 | 12.26 | Chloromycetin | PF |
| CIPROFLOXACIN | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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 | .. | 19.38 | 20.49 | Ciloxan | AQ |
| NEOMYCIN UNDECENOATE with BACITRACIN ZINC | | | | | | | | |
| 2296W NP | Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g | 1 | .. | .. | 8.76 | 9.87 | 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 | .. | 9.49 | 10.60 | ^a Otodex | AV |
| | | | | ^B 1.91 | 11.40 | 10.60 | ^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 | .. | 11.19 | 12.30 | ^a Otocomb Otic | FM |
| | | | | ^B 1.95 | 13.14 | 12.30 | ^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 | .. | 8.28 | 9.39 | ^a Otocomb Otic | FM |
| | | | | ^B 1.95 | 10.23 | 9.39 | ^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 | .. | 10.21 | 11.32 | 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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

Various

Allergens

Allergens

Allergen extracts

| | | | | | | | |
|--|---|---|----|----|--------|-------|------------------------------|
| INSECT ALLERGEN EXTRACT—HONEY BEE VENOM | | | | | | | |
| 2886X | Injection set containing 550 micrograms | 1 | .. | .. | 238.48 | 35.40 | Albey Bee Venom HL |
| INSECT ALLERGEN EXTRACT—PAPER WASP VENOM | | | | | | | |
| Note | | | | | | | |
| Paper wasp venom is not European wasp venom. | | | | | | | |
| 2918N | Injection set containing 550 micrograms | 1 | .. | .. | 238.48 | 35.40 | Albey Paper Wasp Venom HL |
| INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM | | | | | | | |
| 2883R | Injection set containing 550 micrograms | 1 | .. | .. | 238.48 | 35.40 | Albey Yellow Jacket Venom HL |

All other therapeutic products

All other therapeutic products

Antidotes

| | | | | | | | |
|-------------------------------|------------------------|---|----|----|-------|-------|-----------------------|
| NALOXONE HYDROCHLORIDE | | | | | | | |
| 1753G NP | Injection 2 mg in 5 mL | 1 | .. | .. | 43.59 | 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 | .. | 305.97 | 35.40 | Fosrenol | ZI |
| 9404Y NP | Tablet, chewable, 750 mg (as carbonate hydrate) | 90 | 5 | .. | 449.52 | 35.40 | Fosrenol | ZI |
| 9405B NP | Tablet, chewable, 1000 mg (as carbonate hydrate) | 90 | 5 | .. | 504.13 | 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 | Tablet 800 mg | 180 | 5 | .. | 357.83 | 35.40 | Renagel |
| NP | | | | | | | GZ |

Detoxifying agents for antineoplastic treatment

CALCIUM FOLINATE

Note

For item codes 8740B, 1575X and 1610R, pharmaceutical benefits that have the form injection equivalent to 50 mg folinic acid in 5 mL are equivalent for the purposes of substitution.

| | | | | | | | | | |
|-------|--|---|---|----|---------|-------|--------------|---|----|
| 1575X | Injection equivalent to 50 mg folinic acid in 5 mL | 5 | 5 | .. | 146.20 | 35.40 | ^a | Calcium Folate Ebewe | SZ |
| 1610R | Injection equivalent to 50 mg folinic acid in 5 mL | 5 | 5 | .. | *146.23 | 35.40 | ^a | Leucovorin Calcium (Pfizer Australia Pty Ltd) | PF |
| 8740B | Injection equivalent to 50 mg folinic acid in 5 mL | 5 | 5 | .. | *146.17 | 35.40 | ^a | Leucovorin Calcium (Hospira Pty Limited) | HH |

CALCIUM FOLINATE

Note

For item codes 8812T and 1704Q, pharmaceutical benefits that have the form injection equivalent to 100 mg folinic acid in 10 mL are equivalent for the purposes of substitution.

| | | | | | | | | | |
|-------|--|----|---|----|---------|-------|--------------|---|----|
| 1704Q | Injection equivalent to 100 mg folinic acid in 10 mL | 10 | 1 | .. | 258.88 | 35.40 | ^a | Leucovorin Calcium (Pfizer Australia Pty Ltd) | PF |
| 8812T | Injection equivalent to 100 mg folinic acid in 10 mL | 10 | 1 | .. | *258.82 | 35.40 | ^a | Calcium Folate Ebewe | SZ |

CALCIUM FOLINATE

| | | | | | | | | | |
|-------|--|---|---|----|---------|-------|--------------|--|----|
| 8969C | Injection equivalent to 1000 mg folinic acid in 100 mL | 1 | 1 | .. | 258.82 | 35.40 | | Calcium Folate Ebewe | SZ |
| 9041W | Injection equivalent to 300 mg folinic acid in 30 mL | 4 | 1 | .. | *298.60 | 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 | .. | .. | 96.41 | 35.40 | | Leucovorin Calcium (Hospira Pty Limited) | HH |
|-------|---|----|----|----|-------|-------|--|--|----|

MESNA

Restricted benefit

Adjunctive therapy for use with ifosfamide or high dose cyclophosphamide.

Various

| 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 \$ | | |
| 8078E | Solution for I.V. injection 400 mg in 4 mL | 15 | 5 | .. | 103.38 | 35.40 | Uromitexan | BX |
| 8079F | Solution for I.V. injection 1 g in 10 mL | 15 | 5 | .. | 223.91 | 35.40 | Uromitexan | BX |

Drugs for treatment of hypercalcemia

SODIUM ACID PHOSPHATE

Authority required (STREAMLINED)

1099

Familial hypophosphataemia;

1157

Hypercalcaemia;

1167

Hypophosphataemic rickets;

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 | .. | 81.73 | 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 | .. | *446.56 | 35.40 | Sculptra | SW |
|-------|-----------------------------|---|---|----|---------|-------|----------|----|

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 | .. | .. | *446.56 | 35.40 | Sculptra | SW |
|-------|-----------------------------|---|----|----|---------|-------|----------|----|

Diagnostic agents

Urine tests

GLUCOSE and KETONE INDICATOR—URINE

| | | | | | | | | |
|-------------|-----------------|---|---|----|--------|-------|------------------------|----|
| 3106L NP | Test strips, 50 | 2 | 2 | .. | *17.40 | 18.51 | Keto-Diabur- Test 5000 | RD |
| 3107M NP | Test strips, 50 | 2 | 2 | .. | *17.52 | 18.63 | Keto-Diastix | BN |

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 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 | .. | *17.40 | 18.51 | Keto-Diabur- Test 5000 | RD |
| 9255D | Test strips, 50 | 2 | 4 | .. | *17.52 | 18.63 | Keto-Diastix | BN |

GLUCOSE INDICATOR—URINE

| | | | | | | | | |
|-------------|-----------------|---|---|----|--------|-------|---------|----|
| 3104J NP | Test strips, 50 | 2 | 2 | .. | *19.92 | 21.03 | 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 | .. | *19.92 | 21.03 | Diastix | BN |
|-------|-----------------|---|---|----|--------|-------|---------|----|

Other diagnostic agents

Tests for diabetes

GLUCOSE INDICATOR—BLOOD

| | | | | | | | | |
|-------------|------------------|----|---|----|--------|-------|---|----|
| 1503D NP | Test strips, 100 | ‡1 | 5 | .. | 53.26 | 35.40 | Contour | IK |
| 1519Y NP | Test strips, 100 | ‡1 | 5 | .. | 53.26 | 35.40 | BGStar | SW |
| 2263D NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | Optium Omega | MS |
| 2860M NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | Betachek G5 | NA |
| 2890D NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | Betachek | NA |
| 2914J NP | Test strips, 50 | 2 | 5 | .. | *46.00 | 35.40 | Glucoflex-R | NA |
| 2979T NP | Test strips, 100 | ‡1 | 5 | .. | 53.26 | 35.40 | Accu-Chek Performa | RD |
| 3406G NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | CareSens N | LB |
| 3411M NP | Test strips, 100 | ‡1 | 5 | .. | 53.26 | 35.40 | Accu-Chek Advantage/Sens or Comfort | RD |
| 3441D NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | OneTouch Verio | JJ |
| 5043K NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | Accu-Chek Aviva | RD |
| 5266E NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | TRUEresult | NX |
| 5267F NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | TRUEbalance | NX |
| 8190C NP | Test strips, 100 | ‡1 | 5 | .. | 53.26 | 35.40 | Accu-Chek Active | RD |
| 8522M NP | Test strips, 100 | ‡1 | 5 | .. | 53.26 | 35.40 | FreeStyle Optium | MS |
| 8723D NP | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | Omnitest EZ | BR |
| 8739Y | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | Accu-Chek Go | RD |

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 | |
|--------------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| <i>NP</i> 8749L | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | GlucoOz | OZ |
| <i>NP</i> 8759B | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | CareSens | LB |
| <i>NP</i> 8795X | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | SensoCard | PX |
| <i>NP</i> 8806L | Test strips, 51 | 2 | 5 | .. | *53.28 | 35.40 | Accu-Chek Integra | RD |
| <i>NP</i> 8825L | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | TrueTrack | NX |
| <i>NP</i> 9013J | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | Glucocard 01 Sensor | OZ |
| <i>NP</i> 9154T | Test strips, 100 | ‡1 | 5 | .. | 53.26 | 35.40 | FreeStyle Lite | MS |
| <i>NP</i> 9298J | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | Bionime Rightest | QB |
| <i>NP</i> 9324R | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | AgaMatrix Jazz | HE |
| <i>NP</i> 9471L | Test strips, 50 | 2 | 5 | .. | *53.28 | 35.40 | MyGlucoHealth | EH |
| <i>NP</i> 9485F | Test strips, 50 | 2 | 5 | .. | *53.28 | 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.

| | | | | | | | | |
|-------|------------------|----|----|----|--------|-------|---|----|
| 1518X | Test strips, 100 | ‡1 | 11 | .. | 53.26 | 35.40 | Contour | IK |
| 1520B | Test strips, 100 | ‡1 | 11 | .. | 53.26 | 35.40 | BGStar | SW |
| 3407H | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | CareSens N | LB |
| 3412N | Test strips, 100 | ‡1 | 11 | .. | 53.26 | 35.40 | Accu-Chek Advantage/Sens or Comfort | RD |
| 3442E | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | OneTouch Verio | JJ |
| 5053Y | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Accu-Chek Aviva | RD |
| 5268G | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | TRUEresult | NX |
| 5269H | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | TRUEbalance | NX |
| 9257F | Test strips, 100 | ‡1 | 11 | .. | 53.26 | 35.40 | Accu-Chek Performa | RD |
| 9261K | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Glucocard 01 Sensor | OZ |
| 9263M | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | GlucoOz | OZ |
| 9265P | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Omnitest EZ | BR |
| 9267R | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Optium Omega | MS |
| 9268T | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | TrueTrack | NX |
| 9269W | Test strips, 100 | ‡1 | 11 | .. | 53.26 | 35.40 | FreeStyle Lite | MS |
| 9270X | Test strips, 100 | ‡1 | 11 | .. | 53.26 | 35.40 | FreeStyle Optium | MS |
| 9273C | Test strips, 100 | ‡1 | 11 | .. | 53.26 | 35.40 | Accu-Chek Active | RD |
| 9274D | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Accu-Chek Go | RD |
| 9275E | Test strips, 51 | 2 | 11 | .. | *53.28 | 35.40 | Accu-Chek Integra | RD |
| 9276F | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Betachek | NA |
| 9277G | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Betachek G5 | NA |
| 9278H | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | CareSens | LB |
| 9279J | Test strips, 50 | 2 | 11 | .. | *46.00 | 35.40 | Glucoflex-R | NA |
| 9281L | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | SensoCard | PX |

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 | |
|-------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 9297H | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Bionime Rightest | QB |
| 9325T | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | AgaMatrix Jazz | HE |
| 9472M | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | MyGlucoHealth | EH |
| 9486G | Test strips, 50 | 2 | 11 | .. | *53.28 | 35.40 | Lifeline Attest | OI |

GLUCOSE INDICATOR—BLOOD

Restricted benefit

For use in patients on insulin therapy.

| | | | | | | | | |
|-------------|------------------|---|---|----|-------|-------|------------------|----|
| 9300L NP | Test strips, 100 | 1 | 5 | .. | 53.26 | 35.40 | Accu-Chek Mobile | RD |
|-------------|------------------|---|---|----|-------|-------|------------------|----|

GLUCOSE INDICATOR—BLOOD

Restricted benefit

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.

Note

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

| | | | | | | | | |
|-------|------------------|---|----|----|-------|-------|------------------|----|
| 9301M | Test strips, 100 | 1 | 11 | .. | 53.26 | 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 | .. | *52.48 | 35.40 | MCT Oil | SB |
| 9327X NP | Emulsion 250 mL | 8 | 5 | .. | *214.52 | 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

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 | |
|-------------|--|-------------|-------------|---------|--|--|-----------------------------|----|
| | 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 |
| 2250K NP | Compound powder 400 g | 12 | 5 | .. | *531.76 | 35.40 | EleCare | AB |

AMINO ACIDS—SYNTHETIC, FORMULA

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.

| | | | | | | | |
|-------------|-----------------------|---|---|----|---------|-------|--|
| 1180D NP | Compound powder 400 g | 8 | 5 | .. | *361.24 | 35.40 | Neocate Advance Vanilla SB |
| 2244D NP | Compound powder 400 g | 8 | 5 | .. | *361.24 | 35.40 | Neocate Advance Tropical Flavour SB |
| 8574G NP | Compound powder 400 g | 8 | 5 | .. | *361.24 | 35.40 | EleCare AB |
| 8754R NP | Compound powder 400 g | 8 | 5 | .. | *361.24 | 35.40 | Neocate Advance SB |

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 NP | Compound powder 400 g | 8 | 5 | .. | *361.24 | 35.40 | Neocate Advance Vanilla SB |
| 2553J NP | Compound powder 400 g | 8 | 5 | .. | *361.24 | 35.40 | Neocate Advance Tropical Flavour 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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 8575H NP | Compound powder 400 g | 8 | 5 | .. | *361.24 | 35.40 | EleCare | AB |
| 8755T NP | Compound powder 400 g | 8 | 5 | .. | *361.24 | 35.40 | Neocate Advance | SB |

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 NP | Compound powder 400 g | 8 | 5 | .. | *367.96 | 35.40 | Neocate LCP | SB |
| 9339M 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

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.

| | | | | | | | | |
|-------------|-----------------------|---|---|----|---------|-------|-------------|----|
| 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;

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 |
|-------------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| | 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. | | | | | | |
| 5466Q 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

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.

| | | | | | | | |
|-------------|-----------------------|---|---|----|---------|-------|-----------------|
| 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 | Compound powder 400 g | 12 | 5 | .. | *542.32 | 35.40 | Neocate Gold 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 |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |

NP

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;

Chyllothorax;

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;

Various

| 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 | |
| | | | | | \$ | \$ | |
| | 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 |

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

Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

| | | | | | | | | |
|-------------|-----------------------|---|---|----|---------|-------|-----------|----|
| 1938B NP | Compound powder 400 g | 8 | 5 | .. | *442.92 | 35.40 | Lipistart | VF |
| 8478F NP | Compound powder 400 g | 8 | 5 | .. | *421.40 | 35.40 | Monogen | SB |

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 | .. | *467.56 | 35.40 | Caprilon | SB |
|-------------|-----------------------|---|---|----|---------|-------|----------|----|

Carbohydrates

AMYLOPECTIN, MODIFIED LONG CHAIN

Restricted benefit

Glycogen storage disease.

| | | | | | | | | |
|-------------|------------------|---|---|----|---------|-------|-----------|----|
| 9386B NP | Sachets 60 g, 30 | 4 | 5 | .. | *752.40 | 35.40 | Glycosade | VF |
|-------------|------------------|---|---|----|---------|-------|-----------|----|

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.

| | | | | | | | | |
|-------------|--|---|----|----|---------|-------|-----------------------------|----|
| 2350Q NP | Lactose-predigested powder infant formula 900 g | 5 | .. | .. | *89.02 | 35.40 | Karicare Aptamil De-Lact | NU |
| 8282X NP | Infant formula powder 900 g | 5 | .. | .. | *112.97 | 35.40 | S-26 LF | PF |

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 | |
|--|---|-------------|-------------|---------|--|--|-----------------------------|----|
| MILK POWDER—LACTOSE FREE FORMULA | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | | |
| 2349P NP | Lactose-predigested powder infant formula 900 g | 5 | 5 | .. | *89.02 | 35.40 | Karicare Aptamil De-Lact | NU |
| 8283Y NP | Infant formula powder 900 g | 5 | 5 | .. | *112.97 | 35.40 | S-26 LF | PF |
| MILK POWDER—LACTOSE MODIFIED | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| Acute lactose intolerance in children aged 1 year and over. 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. No more than 1 application per patient will be authorised. | | | | | | | | |
| 2358D NP | Lactose-predigested powder 900 g | 3 | 1 | .. | *72.91 | 35.40 | Digestelact | SJ |
| MILK POWDER—LACTOSE MODIFIED | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | | |
| 2357C NP | Lactose-predigested powder 900 g | 3 | 10 | .. | *72.91 | 35.40 | Digestelact | SJ |
| MILK POWDER—SYNTHETIC | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| Hypercalcaemia in children under the age of 4 years. | | | | | | | | |
| 3092R NP | Low calcium compound powder 400 g | 8 | 5 | .. | *381.48 | 35.40 | Locasol | SB |
| Other combinations of nutrients | | | | | | | | |
| AMINO ACID FORMULA with FAT, CARBOHYDRATE, VITAMINS, MINERALS, and TRACE ELEMENTS, without METHIONINE and supplemented with DOCOSAHEXANOIC ACID | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Pyridoxine non-responsive homocystinuria. | | | | | | | | |
| 3417W NP | Oral liquid 125 mL, 36 | 4 | 5 | .. | *2508.08 | 35.40 | HCU Anamix junior LQ | SB |
| 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 | Oral liquid 125 mL, 36 | 4 | 5 | .. | *2508.08 | 35.40 | TYR Anamix junior | 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 | |
|--|---|-------------|-------------|---------|--|--|-----------------------------|----|
| NP | | | | | | | LQ | |
| AMINO ACID FORMULA without PHENYLALANINE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Phenylketonuria. | | | | | | | | |
| 2347M NP | Sachets containing powder 20 g, 30 | 7 | 5 | .. | *1463.01 | 35.40 | Phlexy-10 Drink Mix | SB |
| 8554F NP | Capsules 500 mg, 200 | 16 | 5 | .. | *1276.44 | 35.40 | Phlexy-10 | SB |
| 8678R NP | Tablets 1 g, 75 | 24 | 5 | .. | *1427.08 | 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 | .. | *703.72 | 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 | .. | *2114.48 | 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 | .. | *769.40 | 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 | .. | *1784.84 | 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 | .. | *3154.52 | 35.40 | GA express 15 | 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 | .. | *769.40 | 35.40 | HCU Anamix infant | SB |
| AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Pyridoxine non-responsive homocystinuria. | | | | | | | | |
| 1548L | Oral liquid 125 mL, 30 | 3 | 5 | .. | *3098.44 | 35.40 | HCU Lophlex LQ 20 | 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 | |
|--------------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| <i>NP</i> 8328H | Powder 500 g | 8 | 5 | .. | *1784.84 | 35.40 | XMET Maxamaid | SB |
| <i>NP</i> 8416Y | Powder 500 g | 8 | 5 | .. | *2704.84 | 35.40 | XMET Maxamum | SB |
| <i>NP</i> 8677Q | Sachets 24 g, 30 | 4 | 5 | .. | *2114.48 | 35.40 | HCU gel | VF |
| <i>NP</i> 8744F | Sachets 25 g, 30 | 4 | 5 | .. | *3098.48 | 35.40 | HCU express 15 | VF |
| <i>NP</i> 9133Q | Oral liquid 130 mL, 30 | 4 | 5 | .. | *3098.48 | 35.40 | HCU Cooler | VF |

AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE

Restricted benefit

Methylmalonic acidemia;

Propionic acidemia.

| | | | | | | | | |
|--------------------|------------------------------|---|---|----|----------|-------|-------------------------|----|
| <i>NP</i> 1923F | Oral liquid 130 mL, 30 | 4 | 5 | .. | *3098.48 | 35.40 | MMA/PA cooler | VF |
| <i>NP</i> 3443F | Sachets 25 g, 30 | 4 | 5 | .. | *3098.48 | 35.40 | MMA/PA express 15 | VF |
| <i>NP</i> 3444G | Sachets 24 g, 30 | 4 | 5 | .. | *2114.48 | 35.40 | MMA/PA gel | VF |
| <i>NP</i> 8058D | Infant formula, powder 400 g | 8 | 5 | .. | *769.40 | 35.40 | MMA/PA Anamix infant | SB |
| <i>NP</i> 8059E | Powder 500 g | 8 | 5 | .. | *1784.84 | 35.40 | XMTVI Maxamaid | SB |
| <i>NP</i> 8061G | Powder 500 g | 8 | 5 | .. | *2704.84 | 35.40 | XMTVI Maxamum | SB |

AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE

Restricted benefit

Phenylketonuria.

| | | | | | | | | |
|--------------------|------------------------|----|---|----|----------|-------|-------------------------|----|
| <i>NP</i> 1411G | Sachets 18.2 g, 60 | 3 | 5 | .. | *1640.17 | 35.40 | add-ins | SB |
| <i>NP</i> 1909L | Sachets 34 g, 30 | 4 | 5 | .. | *2054.12 | 35.40 | PKU express 20 | VF |
| <i>NP</i> 2382J | Oral liquid 87 mL, 30 | 4 | 5 | .. | *1034.88 | 35.40 | PKU Cooler 10 | VF |
| <i>NP</i> 2474F | Oral liquid 174 mL, 30 | 4 | 5 | .. | *2054.12 | 35.40 | PKU Cooler 20 | VF |
| <i>NP</i> 2738D | Powder 500 g | 8 | 5 | .. | *884.12 | 35.40 | XP Maxamaid | SB |
| <i>NP</i> 2739E | Powder 500 g | 8 | 5 | .. | *1352.52 | 35.40 | XP Maxamum | SB |
| <i>NP</i> 5483N | Oral gel 85 g, 30 | 4 | 5 | .. | *1058.72 | 35.40 | PKU squeezie | VF |
| <i>NP</i> 8545R | Powder 400 g | 8 | 5 | .. | *848.68 | 35.40 | Phenex-2 | AB |
| <i>NP</i> 8555G | Sachets 24 g, 30 | 4 | 5 | .. | *1058.72 | 35.40 | PKU gel | VF |
| <i>NP</i> 8591E | Sachets 25 g, 30 | 4 | 5 | .. | *1549.24 | 35.40 | PKU express 15 | VF |
| <i>NP</i> 8613H | Sachets 29 g, 30 | 4 | 5 | .. | *892.20 | 35.40 | PKU Anamix Junior | SB |
| <i>NP</i> 8727H | Sachets 50 g, 30 | 3 | 5 | .. | *1512.16 | 35.40 | XP Maxamum | SB |
| <i>NP</i> 8746H | Oral liquid 250 mL | 90 | 5 | .. | *1313.37 | 35.40 | Easiphen | SB |
| <i>NP</i> 8804J | Sachets 27.8 g, 30 | 3 | 5 | .. | *1549.54 | 35.40 | Lophlex | SB |
| <i>NP</i> 8846N | Oral liquid 130 mL, 30 | 4 | 5 | .. | *1548.44 | 35.40 | PKU Cooler 15 | VF |
| <i>NP</i> 9021T | Oral liquid 125 mL, 30 | 3 | 5 | .. | *1549.54 | 35.40 | PKU Lophlex LQ 20 | SB |
| <i>NP</i> 9396M | Oral liquid 125 mL, 36 | 4 | 5 | .. | *1269.96 | 35.40 | PKU Anamix Junior LQ | 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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 9397N NP | Oral liquid 62.5 mL, 60 | 2 | 5 | .. | *1059.46 | 35.40 | PKU Lophlex LQ 10 | SB |

AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE

Restricted benefit

Tyrosinaemia.

| | | | | | | | | |
|-------------|------------------------------|---|---|----|----------|-------|------------------------|----|
| 1547K NP | Oral liquid 125 mL, 30 | 3 | 5 | .. | *3098.44 | 35.40 | TYR Lophlex LQ 20 | SB |
| 3078B NP | Powder 500 g | 8 | 5 | .. | *2704.84 | 35.40 | XPhen, Tyr Maxamum | SB |
| 8445L NP | Infant formula, powder 400 g | 8 | 5 | .. | *769.40 | 35.40 | TYR Anamix infant | SB |
| 8446M NP | Powder 500 g | 8 | 5 | .. | *1784.84 | 35.40 | XPhen, Tyr Maxamaid | SB |
| 8631G NP | Sachets 24 g, 30 | 4 | 5 | .. | *2114.48 | 35.40 | TYR gel | VF |
| 8667E NP | Sachets 25 g, 30 | 4 | 5 | .. | *3098.48 | 35.40 | TYR express 15 | VF |
| 9132P NP | Oral liquid 130 mL, 30 | 4 | 5 | .. | *3098.48 | 35.40 | TYR Cooler | VF |
| 9395L NP | Sachets 29 g, 30 | 4 | 5 | .. | *1800.56 | 35.40 | TYR Anamix Junior | SB |

AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE

Restricted benefit

Maple syrup urine disease.

| | | | | | | | | |
|-------------|------------------------------|---|---|----|----------|-------|-----------------------|----|
| 1546J NP | Oral liquid 125 mL, 30 | 3 | 5 | .. | *3098.44 | 35.40 | MSUD Lophlex LQ 20 | SB |
| 1914R NP | Sachets 34 g, 30 | 4 | 5 | .. | *4094.24 | 35.40 | MSUD express 20 | VF |
| 2375B NP | Oral liquid 130 mL, 30 | 4 | 5 | .. | *3098.48 | 35.40 | MSUD Cooler | VF |
| 2380G NP | Infant formula, powder 400 g | 8 | 5 | .. | *769.40 | 35.40 | MSUD Anamix infant | SB |
| 8057C NP | Powder 500 g | 8 | 5 | .. | *2704.84 | 35.40 | MSUD Maxamum | SB |
| 8260R NP | Powder 500 g | 8 | 5 | .. | *1784.84 | 35.40 | MSUD Maxamaid | SB |
| 8310J NP | Powder 500 g | 4 | 5 | .. | *2672.08 | 35.40 | MSUD AID III | SB |
| 8592F NP | Sachets 24 g, 30 | 4 | 5 | .. | *2114.48 | 35.40 | MSUD gel | VF |
| 8632H NP | Sachets 25 g, 30 | 4 | 5 | .. | *3098.48 | 35.40 | MSUD express 15 | VF |
| 8745G NP | Sachets 29 g, 30 | 4 | 5 | .. | *1800.56 | 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

Restricted benefit

Maple syrup urine disease.

| | | | | | | | | |
|-------------|------------------------|---|---|----|----------|-------|--------------------------|----|
| 9499Y NP | Oral liquid 125 mL, 36 | 4 | 5 | .. | *2508.08 | 35.40 | MSUD Anamix Junior LQ | SB |
|-------------|------------------------|---|---|----|----------|-------|--------------------------|----|

ARGININE with CARBOHYDRATE

Restricted benefit

Urea cycle disorders.

Note

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 | .. | *770.92 | 35.40 | Arginine 2000 Amino Acid Supplement | VF |
|-------------|---|---|---|----|---------|-------|---|----|

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 | |
|-------------|---|-------------|-------------|---------|--|--|-----------------------------------|----|
| 9437Q NP | Sachets 4 g containing 500 mg arginine, 30 | 4 | 5 | .. | *516.12 | 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.

| | | | | | | | | |
|-------------|--------------|---|---|----|---------|-------|-----------|----|
| 8369L NP | Powder 400 g | 8 | 5 | .. | *318.28 | 35.40 | Energivit | SB |
|-------------|--------------|---|---|----|---------|-------|-----------|----|

CITRULLINE with CARBOHYDRATE

Restricted benefit

Urea cycle disorders in order to prevent low plasma arginine or citrulline levels.

Note

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 | .. | *516.12 | 35.40 | Citrulline 1000 Amino Acid Supplement | VF |
|-------------|---|---|---|----|---------|-------|---|----|

CYSTINE with CARBOHYDRATE

Restricted benefit

Pyridoxine non-responsive homocystinuria.

| | | | | | | | | |
|-------------|---|---|---|----|---------|-------|----------------------------------|----|
| 9164H NP | Sachets 4 g containing 500 mg cystine, 30 | 4 | 5 | .. | *516.12 | 35.40 | Cystine Amino Acid Supplement | VF |
|-------------|---|---|---|----|---------|-------|----------------------------------|----|

ESSENTIAL AMINO ACIDS FORMULA

Restricted benefit

Gyrate atrophy of the choroid and retina;

Urea cycle disorders.

| | | | | | | | | |
|-------------|--------------|---|---|----|----------|-------|-----------------------------|----|
| 9329B NP | Powder 200 g | 6 | 5 | .. | *1200.64 | 35.40 | Essential Amino Acid Mix | SB |
|-------------|--------------|---|---|----|----------|-------|-----------------------------|----|

ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C

Restricted benefit

Gyrate atrophy of the choroid and retina;

Urea cycle disorders.

| | | | | | | | | |
|-------------|--------------|---|---|----|---------|-------|-----------|----|
| 2027Q NP | Powder 400 g | 5 | 5 | .. | *634.27 | 35.40 | Dialamine | SB |
|-------------|--------------|---|---|----|---------|-------|-----------|----|

ESSENTIAL AMINO ACIDS FORMULA with VITAMINS and MINERALS

Restricted benefit

Gyrate atrophy of the choroid and retina;

Urea cycle disorders.

| | | | | | | | | |
|-------------|--------------------|---|---|----|----------|-------|----------------|----|
| 9385Y NP | Sachets 12.5 g, 50 | 4 | 5 | .. | *1516.60 | 35.40 | EAA Supplement | VF |
|-------------|--------------------|---|---|----|----------|-------|----------------|----|

HIGH FAT FORMULA with VITAMINS, MINERALS and TRACE ELEMENTS and low in PROTEIN and CARBOHYDRATE

Restricted benefit

Patients with intractable seizures requiring treatment with a ketogenic diet;

Glucose transport protein defects;

Pyruvate dehydrogenase deficiency.

Note

KetoCal should only be used under strict supervision of a dietician, together with a metabolic physician and/or neurologist.

Note

Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

| | | | | | | | | |
|-------|--------------|----|---|----|----------|-------|---------|----|
| 9446E | Powder 300 g | 24 | 5 | .. | *1037.56 | 35.40 | KetoCal | 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 | |
|---|---|-------------|-------------|---------|--|--|---|----|
| ISOLEUCINE with CARBOHYDRATE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Maple syrup urine disease. | | | | | | | | |
| 9134R NP | Sachets 4 g containing 50 mg isoleucine, 30 | 4 | 5 | .. | *516.12 | 35.40 | Isoleucine Amino Acid Supplement | VF |
| 9436P NP | Sachets 4 g containing 1 g isoleucine, 30 | 4 | 5 | .. | *567.08 | 35.40 | Isoleucine 1000 Amino Acid Supplement | VF |
| MILK PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| 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 | .. | *648.52 | 35.40 | Carbohydrate Free Mixture | SB |
| PHENYLALANINE with CARBOHYDRATE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Tyrosinaemia. | | | | | | | | |
| 9384X NP | Sachets 4 g containing 50 mg phenylalanine, 30 | 4 | 5 | .. | *516.12 | 35.40 | Phenylalanine Amino Acid Supplement | VF |
| SOY PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| 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 | .. | *670.12 | 35.40 | RCF | AB |
| TRIGLYCERIDES, LONG CHAIN with GLUCOSE POLYMER | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| 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 | .. | *339.88 | 35.40 | ProZero | VF |
| 9309Y NP | Oral liquid 1 L, 6 | 4 | 5 | .. | *304.12 | 35.40 | ProZero | VF |
| TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| 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 | .. | *295.64 | 35.40 | Duocal | SB |
| TRIGLYCERIDES—MEDIUM CHAIN, FORMULA | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| Chylous ascites; | | | | | | | | |
| Chylothorax; | | | | | | | | |

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 | |
|-------------|--|-------------|-------------|---------|--|--|--------------------------------------|----|
| | Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders; Hyperlipoproteinaemia type 1; Long chain fatty acid oxidation disorders. | | | | | | | |
| | <u>Note</u> MCT Pro-Cal is not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet. | | | | | | | |
| 9383W NP | Sachets 16 g, 30 | 4 | 5 | .. | *253.72 | 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 | .. | *516.12 | 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 | .. | *516.12 | 35.40 | Valine Amino Acid Supplement | VF |
| 9434M NP | Sachets 4 g containing 1 g valine, 30 | 4 | 5 | .. | *567.08 | 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 | .. | *390.52 | 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 | .. | *1485.67 | 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 | .. | *1066.04 | 35.40 | Kindergen | SB |

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 | .. | 22.36 | 23.47 | Diffiam | IA |
|-------------|---|----|---|----|-------|-------|---------|----|

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 | .. | .. | 22.36 | 23.47 | Diffiam | IA |
|-------------|---|----|----|----|-------|-------|---------|----|

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 | .. | 10.89 | 12.00 | Aquae | VT |
| 5334R NP | Mouth spray 10 mg per mL, 100 mL | £1 | 3 | .. | 12.56 | 13.67 | 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 | .. | .. | 10.89 | 12.00 | Aquae | VT |
| 5336W NP | Mouth spray 10 mg per mL, 100 mL | £1 | .. | .. | 12.56 | 13.67 | 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 | .. | 12.75 | 13.86 | Aquae Gel | VT |
|-------------|-----------------------------|----|---|----|-------|-------|-----------|----|

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 | .. | .. | 12.75 | 13.86 | 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 | .. | *108.64 | 35.40 | Buscopan | BY |
|-------------|-------------------------|----|---|----|---------|-------|----------|----|

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 | .. | .. | *108.64 | 35.40 | Buscopan | BY |
|-------------|-------------------------|----|----|----|---------|-------|----------|----|

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 | .. | 14.21 | 15.32 | Bisalax | AS |
| | | | | | | | Lax-Tab | AE |
| 5303D NP | Suppositories 10 mg, 10 | 3 | 3 | .. | *21.04 | 22.15 | ^a Petrus Bisacodyl Suppositories | PP |
| | | | | ^B 1.50 | *22.54 | 22.15 | ^a Dulcolax | BY |
| 5304E NP | Suppositories 10 mg, 12 | 3 | 3 | .. | *18.43 | 19.54 | Petrus Bisacodyl Suppositories | PP |

BISACODYL

Authority required (STREAMLINED)

3643

Continuing supply for a palliative care patient where constipation is a problem.

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

| | | | | | 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 | |
| | 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 | .. | .. | 14.21 | 15.32 | Bisalax | AS |
| | | | | | | | Lax-Tab | AE |
| 5307H NP | Suppositories 10 mg, 10 | 3 | .. | .. | *21.04 | 22.15 | ^a Petrus Bisacodyl Suppositories | PP |
| | | | | ^B 1.50 | *22.54 | 22.15 | ^a Dulcolax | BY |
| 5308J NP | Suppositories 10 mg, 12 | 3 | .. | .. | *18.43 | 19.54 | 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 | .. | 26.47 | 27.58 | Normacol Plus | NE |
|-------------|---|----|---|----|-------|-------|---------------|----|

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 | .. | .. | 26.47 | 27.58 | Normacol Plus | NE |
|-------------|---|----|----|----|-------|-------|---------------|----|

Osmotically acting laxatives

LACTULOSE

Authority required (STREAMLINED)

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 | .. | *23.29 | 24.40 | ^a Actilax | AF |
| | | | | | | | ^a Genlac | QA |
| | | | | | | | ^a GenRx Lactulose | GX |
| | | | | | | | ^a Lac-Dol | GM |
| | | | | | | | ^a Lactocur | SZ |
| | | | | ^B 3.60 | *26.89 | 24.40 | ^a Duphalac | AB |

LACTULOSE

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.

| | | | | | | | | |
|-------------|---------------------------------|---|----|----|--------|-------|------------------------------|----|
| 5388N NP | Mixture 3.34 g per 5 mL, 500 mL | 3 | .. | .. | *23.29 | 24.40 | ^a Actilax | AF |
| | | | | | | | ^a Genlac | QA |
| | | | | | | | ^a GenRx Lactulose | GX |

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 | |
|------|---|-------------|-------------|-------------------|------------------------------------|--|-----------------------------|----|
| | | | | | \$ | \$ | | |
| | | | | | | | ^a Lac-Dol | GM |
| | | | | | | | ^a Lactocur | SZ |
| | | | | ^B 3.60 | *26.89 | 24.40 | ^a Duphalac | AB |

MACROGOL 3350

Authority required (STREAMLINED)

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 | .. | *34.78 | 35.40 | Movicol | NE |
| 5426N NP | Powder for oral solution 510 g | 2 | 3 | .. | *34.78 | 35.40 | ^a MediHealth ClearLax | ON |
| | | | | | | | ^a OsmoLax | KY |
| | | | | | | | ^a your pharmacy Clear Laxative | OY |

MACROGOL 3350

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.

| | | | | | | | | |
|-------------|---|---|----|----|--------|-------|---|----|
| 5390Q NP | Sachets containing powder for solution 13.125 g with electrolytes, 30 | 2 | .. | .. | *34.78 | 35.40 | Movicol | NE |
| 5427P NP | Powder for oral solution 510 g | 2 | .. | .. | *34.78 | 35.40 | ^a MediHealth ClearLax | ON |
| | | | | | | | ^a OsmoLax | KY |
| | | | | | | | ^a your pharmacy Clear Laxative | OY |

Enemas

BISACODYL

Authority required (STREAMLINED)

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 | .. | 38.04 | 35.40 | Bisalax | AS |
|-------------|--------------------------|----|---|----|-------|-------|---------|----|

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.

| | | | | | | | | |
|-------------|--------------------------|----|----|----|-------|-------|---------|----|
| 5306G NP | Enemas 10 mg in 5 mL, 25 | £1 | .. | .. | 38.04 | 35.40 | Bisalax | AS |
|-------------|--------------------------|----|----|----|-------|-------|---------|----|

SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE

Authority required (STREAMLINED)

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 | .. | *32.38 | 33.49 | ^a Micolette | AE |
|-------------|---|---|---|----|--------|-------|------------------------|----|

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 | |
|------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|----|
| | | | | | \$ | \$ | | |
| | | | | | | ^a | Microlax | JT |

SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE

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.

| | | | | | | | | | |
|-------------|---|---|----|----|--------|-------|--------------|-----------|----|
| 5332P NP | Enemas 3.125 g-450 mg-45 mg in 5 mL, 12 | 2 | .. | .. | *32.38 | 33.49 | ^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 | .. | .. | *130.69 | 35.40 | | Relistor | LM |
|-------------|---|---|----|----|---------|-------|--|----------|----|

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.

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 | .. | .. | 287.94 | 35.40 | | Relistor | LM |
|-------------|---|---|----|----|--------|-------|--|----------|----|

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 | .. | *19.57 | 20.68 | | Petrus Pharmaceuticals Pty Ltd | PP |
| 5312N NP | Suppositories 1.4 g (for children), 12 | 3 | 3 | .. | *19.99 | 21.10 | | Petrus Pharmaceuticals Pty Ltd | PP |
| 5313P NP | Suppositories 2.8 g (for adults), 12 | 3 | 3 | .. | *20.50 | 21.61 | | 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 | |
|---|---|-------------|-------------|---------|--|--|--------------------------------------|----|
| GLYCEROL | | | | | | | | |
| <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. | | | | | | | | |
| 5314Q NP | Suppositories 700 mg (for infants), 12 | 3 | .. | .. | *19.57 | 20.68 | Petrus Pharmaceuticals Pty Ltd | PP |
| 5315R NP | Suppositories 1.4 g (for children), 12 | 3 | .. | .. | *19.99 | 21.10 | Petrus Pharmaceuticals Pty Ltd | PP |
| 5316T NP | Suppositories 2.8 g (for adults), 12 | 3 | .. | .. | *20.50 | 21.61 | 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 | Maximum Recordable Value for | | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|--|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | | |

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 | .. | *12.84 | 13.95 | ^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 |
| 5362F NP | Tablet 50 mg (enteric coated) | 50 | 3 | .. | 10.92 | 12.03 | ^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

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 | .. | *25.02 | 26.13 | | Voltaren 100 | NV |
|-------------|--------------------|----|---|----|--------|-------|--|--------------|----|

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 | .. | .. | *12.84 | 13.95 | ^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 | Maximum Recordable Value for | Brand Name and Manufacturer | |
|-------------|---|-------------|-------------|---------|------------------------|------------------------------------|--------------------------------------|----|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| 5365J NP | Tablet 50 mg (enteric coated) | 50 | .. | .. | 10.92 | 12.03 | ^a Diclofenac Sandoz | SZ |
| | | | | | | | ^a Fenac 25 | AF |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | ^a Diclofenac | |
| | | | | | | | ^a Voltaren 25 | NV |
| | | | | | | | ^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 | |
| | | | | | | | ^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 | .. | .. | *25.02 | 26.13 | Voltaren 100 | NV |
|-------------|--------------------|----|----|----|--------|-------|--------------|----|

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 | .. | *12.52 | 13.63 | ^a Arthrexin | AF |
| | | | | ^B 2.02 | *14.54 | 13.63 | ^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 | .. | *22.60 | 23.71 | Indocid | AS |
|-------------|--------------------|----|---|----|--------|-------|---------|----|

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 | .. | .. | *12.52 | 13.63 | ^a Arthrexin | AF |
| | | | | ^B 2.02 | *14.54 | 13.63 | ^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 Max. Qty \$ | Maximum Recordable Value for Safety Net \$ | Brand Name and Manufacturer | | |
|---|---|-------------|-------------|---------|--|--|-----------------------------|------------------------------|----|
| <hr/> | | | | | | | | | |
| INDOMETHACIN | | | | | | | | | |
| <u>Authority required</u> | | | | | | | | | |
| 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. | | | | | | | | | |
| 5380E NP | Suppository 100 mg | 40 | .. | .. | *22.60 | 23.71 | Indocid | AS | |
| <hr/> | | | | | | | | | |
| Propionic acid derivatives | | | | | | | | | |
| IBUPROFEN | | | | | | | | | |
| <u>Authority required</u> | | | | | | | | | |
| 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 | .. | *14.83 | 15.94 | Brufen | AB | |
| <hr/> | | | | | | | | | |
| IBUPROFEN | | | | | | | | | |
| <u>Authority required</u> | | | | | | | | | |
| 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. | | | | | | | | | |
| 5370P NP | Tablet 400 mg | 90 | .. | .. | *14.83 | 15.94 | Brufen | AB | |
| <hr/> | | | | | | | | | |
| NAPROXEN | | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | | |
| 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 | .. | *13.44 | 14.55 | ^a Inza 250 | AF | |
| 5346J NP | Tablet 500 mg | 50 | 3 | | ^B 2.24 | *15.68 | 14.55 | ^a Naprosyn | RO |
| | | | | .. | 12.68 | 13.79 | ^a Inza 500 | AF | |
| 5347K NP | Tablet 750 mg (sustained release) | 28 | 3 | | ^B 1.30 | 13.98 | 13.79 | ^a Naprosyn | RO |
| | | | | .. | 12.18 | 13.29 | ^a Proxen SR 750 | MD | |
| 5348L NP | Tablet 1 g (sustained release) | 28 | 3 | | ^B 1.22 | 13.40 | 13.29 | ^a Naprosyn SR750 | RO |
| | | | | .. | 14.06 | 15.17 | ^a Proxen SR 1000 | MD | |
| | | | | | ^B 1.29 | 15.35 | 15.17 | ^a Naprosyn SR1000 | RO |
| <hr/> | | | | | | | | | |
| 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 | .. | .. | *13.44 | 14.55 | ^a Inza 250 | AF | |
| 5350N | Tablet 500 mg | 50 | .. | | ^B 2.24 | *15.68 | 14.55 | ^a Naprosyn | RO |
| | | | | .. | 12.68 | 13.79 | ^a Inza 500 | AF | |

**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>NP</i> | | | | ^B 1.30 | 13.98 | 13.79 | ^a | Naprosyn | RO |
| 5351P <i>NP</i> | Tablet 750 mg (sustained release) | 28 | .. | .. | 12.18 | 13.29 | ^a | Proxen SR 750 | MD |
| | | | | ^B 1.22 | 13.40 | 13.29 | ^a | Naprosyn SR750 | RO |
| 5352Q <i>NP</i> | Tablet 1 g (sustained release) | 28 | .. | .. | 14.06 | 15.17 | ^a | Proxen SR 1000 | MD |
| | | | | ^B 1.29 | 15.35 | 15.17 | ^a | Naprosyn SR1000 | RO |

NAPROXEN SODIUM

Authority required (STREAMLINED)

3645

Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem.

Note

Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

| | | | | | | | | | |
|--------------------|---------------|----|---|-------------------|-------|-------|--------------|-------------|----|
| 5353R <i>NP</i> | Tablet 550 mg | 50 | 3 | .. | 12.87 | 13.98 | ^a | Crysanal | MD |
| | | | | ^B 2.17 | 15.04 | 13.98 | ^a | Anaprox 550 | RO |

NAPROXEN 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.

Note

Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

| | | | | | | | | | |
|--------------------|---------------|----|----|-------------------|-------|-------|--------------|-------------|----|
| 5354T <i>NP</i> | Tablet 550 mg | 50 | .. | .. | 12.87 | 13.98 | ^a | Crysanal | MD |
| | | | | ^B 2.17 | 15.04 | 13.98 | ^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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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 | .. | 14.41 | 15.52 | Sevredol | MF |
| 5394X NP | Tablet 20 mg | 20 | 2 | .. | 15.36 | 16.47 | 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 | .. | .. | 14.41 | 15.52 | Sevredol | MF |
| 5396B NP | Tablet 20 mg | 20 | .. | .. | 15.36 | 16.47 | 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 | .. | 121.96 | 35.40 | MS Contin | MF |
|-------------|------------------------------------|----|---|----|--------|-------|-----------|----|

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 | Maximum Recordable Value for | Brand Name and Manufacturer | |
|-------------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|----|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| 5392T NP | Tablet 200 mg (controlled release) | 28 | .. | .. | 121.96 | 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 | Lozenge 200 micrograms (as citrate) | 9 | .. | .. | 115.69 | 35.40 | Actiq | OA |
| 5402H NP | Lozenge 400 micrograms (as citrate) | 9 | .. | .. | 115.69 | 35.40 | Actiq | OA |
| 5403J NP | Lozenge 600 micrograms (as citrate) | 9 | .. | .. | 115.69 | 35.40 | Actiq | OA |
| 5404K NP | Lozenge 800 micrograms (as citrate) | 9 | .. | .. | 115.69 | 35.40 | Actiq | OA |
| 5405L NP | Lozenge 1200 micrograms (as citrate) | 9 | .. | .. | 115.69 | 35.40 | Actiq | OA |
| 5406M NP | Lozenge 1600 micrograms (as citrate) | 9 | .. | .. | 115.69 | 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 | Lozenge 200 micrograms (as citrate) | 60 | .. | .. | *680.23 | 35.40 | Actiq | OA |
| 5408P NP | Lozenge 400 micrograms (as citrate) | 60 | .. | .. | *680.23 | 35.40 | Actiq | OA |
| 5409Q NP | Lozenge 600 micrograms (as citrate) | 60 | .. | .. | *680.23 | 35.40 | Actiq | OA |
| 5410R NP | Lozenge 800 micrograms (as citrate) | 60 | .. | .. | *680.23 | 35.40 | Actiq | OA |
| 5411T NP | Lozenge 1200 micrograms (as citrate) | 60 | .. | .. | *680.23 | 35.40 | Actiq | OA |
| 5412W | Lozenge 1600 micrograms (as citrate) | 60 | .. | .. | *680.23 | 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 | .. | 19.02 | 20.13 | Sigma Methadone Syrup | QA |
|-------------|------------------------------------|---|---|----|-------|-------|-----------------------|----|

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 | .. | .. | 19.02 | 20.13 | Sigma Methadone Syrup | QA |
|-------------|------------------------------------|---|----|----|-------|-------|-----------------------|----|

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 | .. | *84.56 | 35.40 | Panadol | GC |
| 5343F NP | Tablet 665 mg (modified release) | 192 | 3 | .. | *16.74 | 17.85 | 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 | .. | .. | *84.56 | 35.40 | Panadol | GC |
| 5344G NP | Tablet 665 mg (modified release) | 192 | .. | .. | *16.74 | 17.85 | 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 | Maximum Recordable Value for | | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|--|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | | |

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 | .. | 13.06 | 14.17 | ^a | Paxam 0.5 | AF |
| | | | | ^B 1.71 | 14.77 | 14.17 | ^a | Rivotril | RO |
| 5338Y NP | Tablet 2 mg | 100 | 3 | .. | 18.84 | 19.95 | ^a | Paxam 2 | AF |
| | | | | ^B 1.93 | 20.77 | 19.95 | ^a | Rivotril | RO |
| 5339B NP | Oral liquid 2.5 mg per mL, 10 mL | 2 | 3 | .. | *15.14 | 16.25 | | 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 | .. | .. | 13.06 | 14.17 | ^a | Paxam 0.5 | AF |
| | | | | ^B 1.71 | 14.77 | 14.17 | ^a | Rivotril | RO |
| 5341D NP | Tablet 2 mg | 100 | .. | .. | 18.84 | 19.95 | ^a | Paxam 2 | AF |
| | | | | ^B 1.93 | 20.77 | 19.95 | ^a | Rivotril | RO |
| 5342E NP | Oral liquid 2.5 mg per mL, 10 mL | 2 | .. | .. | *15.14 | 16.25 | | 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 | .. | 7.82 | 8.93 | ^a | Antenex 2 | AF |
| | | | | | | | ^a | APO-Diazepam | TX |
| | | | | | | | ^a | Ranzepam | RA |
| | | | | | | | ^a | Valpam 2 | QA |
| | | | | | | | ^a | Valium | RO |
| 5356X NP | Tablet 5 mg | 50 | 3 | .. | 7.95 | 9.06 | ^a | Antenex 5 | AF |
| | | | | | | | ^a | APO-Diazepam | TX |
| | | | | | | | ^a | Diazepam-GA | GM |
| | | | | | | | ^a | Ranzepam | RA |
| | | | | | | | ^a | Valpam 5 | QA |
| | | | | ^B 0.85 | 8.80 | 9.06 | ^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 | Maximum | | Brand Name and Manufacturer |
|---|---|-------------|-------------|-------------------|-----------------------|---|--------------|-----------------------------|
| | | | | | for Max. Qty \$ | Recordable Value for Safety Net \$ | | |
| <hr/> | | | | | | | | |
| 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 | .. | .. | 7.82 | 8.93 | ^a | Antenex 2 AF |
| | | | | | | | ^a | APO-Diazepam TX |
| | | | | | | | ^a | Ranzepam RA |
| | | | | | | | ^a | Valpam 2 QA |
| | | | | ^B 0.82 | 8.64 | 8.93 | ^a | Valium RO |
| 5358B NP | Tablet 5 mg | 50 | .. | .. | 7.95 | 9.06 | ^a | Antenex 5 AF |
| | | | | | | | ^a | APO-Diazepam TX |
| | | | | | | | ^a | Diazepam-GA GM |
| | | | | | | | ^a | Ranzepam RA |
| | | | | | | | ^a | Valpam 5 QA |
| | | | | ^B 0.85 | 8.80 | 9.06 | ^a | Valium RO |
| <hr/> | | | | | | | | |
| 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 | .. | *8.98 | 10.09 | ^a | Alepam 15 AF |
| | | | | ^B 5.38 | *14.36 | 10.09 | ^a | Serepax QA |
| 5372R NP | Tablet 30 mg | 50 | 3 | .. | *8.98 | 10.09 | ^a | Alepam 30 AF |
| | | | | | | | ^a | APO-Oxazepam TX |
| | | | | | | | ^a | Murelax FM |
| | | | | ^B 5.38 | *14.36 | 10.09 | ^a | Serepax QA |
| <hr/> | | | | | | | | |
| 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 | .. | .. | *8.98 | 10.09 | ^a | Alepam 15 AF |
| | | | | ^B 5.38 | *14.36 | 10.09 | ^a | Serepax QA |
| 5374W NP | Tablet 30 mg | 50 | .. | .. | *8.98 | 10.09 | ^a | Alepam 30 AF |
| | | | | | | | ^a | APO-Oxazepam TX |
| | | | | | | | ^a | Murelax FM |
| | | | | ^B 5.38 | *14.36 | 10.09 | ^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 | .. | *9.32 | 10.43 | ^a | Alodorm | AF |
| | | | | ^B 2.90 | *12.22 | 10.43 | ^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 | .. | .. | *9.32 | 10.43 | ^a | Alodorm | AF |
| | | | | ^B 2.90 | *12.22 | 10.43 | ^a | Mogadon | VT |
| <hr/> | | | | | | | | | |
| 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 | .. | *8.60 | 9.71 | ^a | APO-Temazepam | TX |
| | | | | | | | ^a | Temaze | AF |
| | | | | | | | ^a | Temtabs | FM |
| | | | | ^B 4.10 | *12.70 | 9.71 | ^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 | .. | .. | *8.60 | 9.71 | ^a | APO-Temazepam | TX |
| | | | | | | | ^a | Temaze | AF |
| | | | | | | | ^a | Temtabs | FM |
| | | | | ^B 4.10 | *12.70 | 9.71 | ^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 | Maximum Recordable Value for | Brand Name and Manufacturer | |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|--|
| | | | | | Max. Qty \$ | Safety Net \$ | | |

Alimentary tract and metabolism

Stomatological preparations

Stomatological preparations

Antiinfectives and antiseptics for local oral treatment

| | | | | | | | | |
|---------------------|---|----|----|----|-------|-------|------------|----|
| AMPHOTERICIN | | | | | | | | |
| 3306B | Lozenge 10 mg | 20 | .. | .. | 12.13 | 13.24 | Fungilin | QA |
| NYSTATIN | | | | | | | | |
| 3343Y | Oral suspension 100,000 units per mL, 24 mL | ¥1 | .. | .. | 11.24 | 12.35 | 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 | .. | .. | 22.36 | 23.47 | 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 | .. | .. | 20.64 | 21.75 | Pfizer Australia Pty Ltd | PF |

Propulsives

Propulsives

| | | | | | | | | |
|-------------------------------------|-------------------------|----|----|-------------------|-------|-------|---------|----|
| METOCLOPRAMIDE HYDROCHLORIDE | | | | | | | | |
| 5151D | Tablet 10 mg | 25 | .. | .. | 8.30 | 9.41 | Pramin | AF |
| | | | | ^B 3.02 | 11.32 | 9.41 | Maxolon | VT |
| 5153F | Injection 10 mg in 2 mL | 10 | .. | .. | 13.09 | 14.20 | 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 | .. | .. | 8.79 | 9.90 | ^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 2.57 | 11.36 | 9.90 | ^a Stemetil | SW |
| 5206B | Injection containing prochlorperazine mesylate 12.5 mg in 1 mL | 10 | .. | .. | 16.92 | 18.03 | Stemetil | SW |
| 5208D | Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5 | 1 | .. | .. | 20.03 | 21.14 | Stemetil | SW |
| PROMETHAZINE HYDROCHLORIDE | | | | | | | | |
| 3374N | Injection 50 mg in 2 mL | 10 | .. | .. | *22.42 | 23.53 | Hospira Pty Limited | HH |

Antidiarrheals, intestinal antiinflammatory/ antiinfective agents

Intestinal antiinfectives

Antibiotics

NYSTATIN

| | | | | | | | | |
|-------|-----------------------|----|----|----|-------|-------|---------|----|
| 3342X | Tablet 500,000 units | 50 | .. | .. | 18.08 | 19.19 | Nilstat | QA |
| 3345C | Capsule 500,000 units | 50 | .. | .. | 18.08 | 19.19 | Nilstat | 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 | Maximum Recordable | | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|-------------------------------|--|-----------------------------|
| | | | | | Max. Qty \$ | Value for Safety Net \$ | | |

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 | .. | .. | *17.97 | 19.08 | ^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 | .. | .. | *22.92 | 24.03 | ^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 | .. | .. | *13.12 | 14.23 | ^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 | .. | .. | *16.02 | 17.13 | ^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 | .. | .. | *12.22 | 13.33 | | 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 | .. | .. | *23.62 | 24.73 | | Baxter Healthcare Pty Ltd | BX |
| 5215L | I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL | 5 | .. | .. | *28.87 | 29.98 | | Baxter Healthcare Pty Ltd | BX |
| 5216M | I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL | 5 | .. | .. | *28.87 | 29.98 | | Baxter Healthcare Pty Ltd | BX |

**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 \$ | | |

Cardiovascular system

Cardiac therapy

Antiarrhythmics, class I and III

Antiarrhythmics, class IB

LIGNOCAINE HYDROCHLORIDE

| | | | | | | | | |
|-------|--------------------------|---|----|----|-------|-------|--------------------------|----|
| 5142P | Injection 100 mg in 5 mL | 5 | .. | .. | 37.43 | 35.40 | Pfizer Australia Pty Ltd | PF |
|-------|--------------------------|---|----|----|-------|-------|--------------------------|----|

Cardiac stimulants excl. cardiac glycosides

Adrenergic and dopaminergic agents

ADRENALINE

| | | | | | | | | |
|-------|-------------------------------------|---|----|----|-------|-------|-------------------------------|----|
| 5004J | Injection 1 mg in 1 mL (1 in 1,000) | 5 | .. | .. | 20.44 | 21.55 | Link Medical Products Pty Ltd | LM |
|-------|-------------------------------------|---|----|----|-------|-------|-------------------------------|----|

Vasodilators used in cardiac diseases

Organic nitrates

GLYCERYL TRINITRATE

| | | | | | | | | |
|-------|-----------------------------|----|----|-------------------|-------|-------|----------|----|
| 5108W | Tablets 600 micrograms, 100 | ±1 | .. | .. | 14.93 | 16.04 | Lycinate | FM |
| | | | | ^B 2.94 | 17.87 | 16.04 | | 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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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 | .. | .. | 8.99 | 10.10 | ^a | Cortic-DS 1% | FM |
| | | | | ^B 2.69 | 11.68 | 10.10 | ^a | Sigmacort | QA |
| 5112C | Topical ointment 10 mg per g (1%), 30 g | ‡1 | .. | .. | 8.99 | 10.10 | ^a | Cortic-DS 1% | FM |
| | | | | ^B 2.69 | 11.68 | 10.10 | ^a | Sigmacort | QA |
| 5113D | Cream 10 mg per g (1%), 50 g | ‡1 | .. | .. | 8.66 | 9.77 | ^a | Cortic-DS 1% | FM |
| | | | | ^B 2.70 | 11.36 | 9.77 | ^a | Sigmacort | QA |
| 5114E | Topical ointment 10 mg per g (1%), 50 g | ‡1 | .. | .. | 8.66 | 9.77 | ^a | Cortic-DS 1% | FM |
| | | | | ^B 2.70 | 11.36 | 9.77 | ^a | Sigmacort | QA |

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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 | .. | .. | 25.10 | 26.21 | Celestone Chronodose | MK |
|-------|--|---|----|----|-------|-------|----------------------|----|

HYDROCORTISONE SODIUM SUCCINATE

Restricted benefit

For use in a hospital.

| | | | | | | | | |
|-------|---|---|----|----|--------|-------|-------------|----|
| 5118J | Injection equivalent to 100 mg hydrocortisone with 2 mL solvent | 6 | .. | .. | *36.82 | 35.40 | Solu-Cortef | PF |
|-------|---|---|----|----|--------|-------|-------------|----|

| | | | | | | | | |
|-------|---|---|----|----|--------|-------|-------------|----|
| 5119K | Injection equivalent to 250 mg hydrocortisone with 2 mL solvent | 6 | .. | .. | *58.84 | 35.40 | Solu-Cortef | PF |
|-------|---|---|----|----|--------|-------|-------------|----|

METHYLPREDNISOLONE ACETATE

Restricted benefit

For local intra-articular or peri-articular infiltration.

| | | | | | | | | |
|-------|-------------------------|---|----|-------------------|-------|-------|----------------------------|----|
| 5148Y | Injection 40 mg in 1 mL | 5 | .. | .. | 21.48 | 22.59 | ^a Depo-Nisolone | FZ |
| | | | | ^B 0.96 | 22.44 | 22.59 | ^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 | .. | .. | 25.10 | 26.21 | Kenacort-A10 | QA |
|-------|-------------------------|---|----|----|-------|-------|--------------|----|

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 | .. | .. | 45.73 | 35.40 | GlucaGen Hypokit | NO |
|-------|---|---|----|----|-------|-------|------------------|----|

**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 \$ | | |

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 | .. | .. | 8.46 | 9.57 | ^a | Doxsig | QA |
| | | | | | | | ^a | Doxy-100 | GM |
| | | | | | | | ^a | Doxylin 100 | AF |
| 5082L | Tablet 100 mg (as monohydrate) | 7 | .. | .. | 8.46 | 9.57 | ^a | Chem mart | CH |
| | | | | | | | ^a | Doxycycline | |
| | | | | | | | ^a | Doxyhexal | SZ |
| | | | | | | | ^a | GenRx Doxycycline | GX |
| | | | | | | | ^a | Terry White Chemists Doxycycline | TW |

DOXYCYCLINE

| | | | | | | | | | |
|-------|-----------------------------------|---|----|----|-------------------|-------|--------------|--------------|----|
| 3322W | Capsule 100 mg (as hydrochloride) | 7 | .. | .. | 8.46 | 9.57 | ^a | Mayne Pharma | YT |
| | | | | | ^B 2.86 | 11.32 | ^a | Doryx | YN |

Beta-lactam antibacterials, penicillins

Penicillins with extended spectrum

AMOXYCILLIN

| | | | | | | | | | |
|-------|----------------|----|----|----|------|-------|--------------|--|----|
| 3300Q | Capsule 500 mg | 20 | .. | .. | 9.13 | 10.24 | ^a | Alphamox 500 | AF |
| | | | | | | | ^a | Amoxycillin-GA | GM |
| | | | | | | | ^a | Amoxycillin generichealth 500 | GQ |
| | | | | | | | ^a | Amoxycillin-PS | FZ |
| | | | | | | | ^a | Amoxycillin Ranbaxy | RA |
| | | | | | | | ^a | Amoxycillin Sandoz | SZ |
| | | | | | | | ^a | APO-Amoxycillin | TX |
| | | | | | | | ^a | Chem mart | CH |
| | | | | | | | ^a | Amoxycillin Cilamox | QA |
| | | | | | | | ^a | GenRx Amoxycillin | GX |
| 3301R | Capsule 250 mg | 20 | .. | .. | 7.83 | 8.94 | ^a | Terry White Chemists Amoxycillin | TW |
| | | | | | | | ^a | Amoxil | GK |
| | | | | | | | ^a | Alphamox 250 | AF |
| | | | | | | | ^a | Amoxycillin-GA | GM |
| | | | | | | | ^a | Amoxycillin-PS | FZ |
| | | | | | | | ^a | Amoxycillin Ranbaxy | RA |
| | | | | | | | ^a | Amoxycillin Sandoz | SZ |
| | | | | | | | ^a | APO-Amoxycillin | TX |

**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 Chem mart CH |
| | | | | | | | ^a Amoxycillin QA |
| | | | | | | | ^a Cilamox |
| | | | | | | | ^a GenRx Amoxycillin GX |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | ^B 0.88 | 8.71 | 8.94 | ^a Amoxycillin GK |
| 3302T | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | #10.30 | 11.75 | ^a Amoxil AF |
| | | | | | | | ^a Alphamox 125 SZ |
| | | | | | | | ^a Amoxycillin Sandoz GM |
| | | | | | | | ^a Bgramin CH |
| | | | | | | | ^a Chem mart Amoxycillin CH |
| | | | | | | | ^a GenRx Amoxycillin GX |
| | | | | | | | ^a Ranmoxy RA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | ^B 0.89 | #11.19 | 11.75 | ^a Amoxycillin GK |
| 3393N | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #10.81 | 12.26 | ^a Amoxil AF |
| | | | | | | | ^a Alphamox 250 SZ |
| | | | | | | | ^a Amoxycillin Sandoz GM |
| | | | | | | | ^a Bgramin CH |
| | | | | | | | ^a Chem mart Amoxycillin CH |
| | | | | | | | ^a Cilamox QA |
| | | | | | | | ^a GenRx Amoxycillin GX |
| | | | | | | | ^a Ranmoxy RA |
| | | | | | | | ^a Terry White Chemists TW |
| | | | | ^B 0.87 | #11.68 | 12.26 | ^a Amoxil Forte GK |
| 5225B | Powder for oral suspension 500 mg per 5 mL, 100 mL | ‡1 | .. | .. | #12.67 | 14.12 | ^a Maxamox SZ |
| | AMPICILLIN | | | | | | |
| 3313J | Powder for injection 500 mg | 5 | .. | .. | 10.95 | 12.06 | ^a Austrapen LN |
| | | | | | | | ^a Ibimicycyn TS |
| 3314K | Powder for injection 1 g | 5 | .. | .. | 13.79 | 14.90 | ^a Aspen Ampicyn AS |
| | | | | | | | ^a Austrapen LN |
| | | | | | | | ^a Ibimicycyn TS |
| | Beta-lactamase sensitive penicillins | | | | | | |
| | BENZATHINE BENZYL PENICILLIN | | | | | | |
| 5027N | Injection 900 mg in 2.3 mL single use pre-filled syringe | 10 | .. | .. | 293.21 | 35.40 | Bicillin L-A PF |
| | BENZYL PENICILLIN | | | | | | |
| 3398W | Powder for injection 600 mg | 10 | .. | .. | *43.02 | 35.40 | BenPen CS |
| 3399X | Powder for injection 3 g | 10 | .. | .. | *67.02 | 35.40 | BenPen CS |
| | PHENOXYMETHYL PENICILLIN | | | | | | |
| 3360W | Tablet 250 mg | 50 | .. | .. | *11.42 | 12.53 | Abbecillin-VK QA |
| | | | | | | | Filmtab |
| 3361X | Tablet 500 mg | 50 | .. | .. | *13.76 | 14.87 | Abbecillin-VK QA |
| | | | | | | | Filmtab |
| 3363B | Capsule 250 mg | 50 | .. | .. | 11.26 | 12.37 | ^a Cilicaine VK FM |

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|----------------------------|--|-------------|-------------|-------------------|--|--|-----------------------------|-------------------------------------|
| | | | | | | | ^a | |
| | | | | | | | | Cilopen VK GM |
| | | | | | | | | LPV VT |
| 3364C | Capsule 500 mg | 50 | .. | .. | 13.57 | 14.68 | ^a | Cilicaine VK FM |
| | | | | | | | ^a | Cilopen VK GM |
| | | | | | | | | LPV VT |
| 5012T | Oral suspension 150 mg (as benzathine) per 5 mL, 100 mL | 2 | .. | .. | *21.70 | 22.81 | ^a | Cilicaine V FM |
| | | | | ^B 1.90 | *23.60 | 22.81 | ^a | Abbocillin-V QA |
| 5024K | Powder for oral liquid 125 mg (as potassium) per 5 mL, 100 mL | 2 | .. | .. | *#16.89 | 18.34 | | Phenoxymethyl- penicillin-AFT AE |
| 5029Q | Powder for oral liquid 250 mg (as potassium) per 5 mL, 100 mL | 2 | .. | .. | *#19.45 | 20.90 | | Phenoxymethyl- penicillin-AFT AE |
| PROCAINE PENICILLIN | | | | | | | | |
| 3371K | Injection 1.5 g | 5 | .. | .. | 92.32 | 35.40 | | Cilicaine QA |

Beta-lactamase resistant penicillins

DICLOXACILLIN

Restricted benefit

Serious staphylococcal infections.

| | | | | | | | | |
|-------|----------------|----|----|----|-------|-------|--------------|----------------|
| 5096F | Capsule 250 mg | 24 | .. | .. | 11.29 | 12.40 | | Distaph 250 AF |
| 5097G | Capsule 500 mg | 24 | .. | .. | 16.51 | 17.62 | ^a | Diclocil BQ |
| | | | | | | | ^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 | .. | .. | 12.86 | 13.97 | ^a | Flubiclox TS |
| | | | | | | | ^a | Flucil AS |
| 5095E | Powder for injection 1 g | 5 | .. | .. | 16.43 | 17.54 | ^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 | .. | .. | 11.29 | 12.40 | ^a | Flopen AS |
| | | | | | | | ^a | Staphylex 250 AF |
| 5091Y | Capsule 500 mg (as sodium) | 24 | .. | .. | 16.51 | 17.62 | ^a | Flopen AS |
| | | | | | | | ^a | Staphylex 500 AF |
| 5257Q | Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL | ‡1 | .. | .. | #16.18 | 17.63 | | Flucil LN |
| 5258R | Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL | ‡1 | .. | .. | #19.71 | 21.16 | | Flucil LN |

Combinations of penicillins, incl. beta-lactamase inhibitors

AMOXYCILLIN with CLAVULANIC ACID

Caution

Hepatotoxicity has been reported with this drug.

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| | | | | | 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 | |
| | <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 | .. | .. | 11.73 | 12.84 | ^a | Amoxicillin/ Clavulanic Acid 875/125 generichealth | GQ |
| | | | | | | | ^a | Chem mart Amoxicillin and Clavulanic Acid | CH |
| | | | | | | | ^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 Amoxicillin and Clavulanic Acid | TW |
| | | | | ^B 1.56 | 13.29 | 12.84 | ^a | Augmentin Duo forte | GK |
| 5008N | Tablet 500 mg-125 mg | 10 | .. | .. | 10.18 | 11.29 | ^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 | 11.75 | 11.29 | ^a | Augmentin Duo | GK |
| 5009P | Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL | #1 | .. | .. | #11.38 | 12.83 | ^a | Clamoxyl | AL |
| | | | | | | | ^a | Curam | SZ |
| | | | | ^B 1.58 | #12.96 | 12.83 | ^a | Augmentin | GK |
| 5011R | Powder for syrup 400 mg-57 mg per 5 mL, 60 mL | #1 | .. | .. | #12.35 | 13.80 | ^a | Clamoxyl Duo 400 | AL |
| | | | | | | | ^a | Curam Duo | SZ |
| | | | | ^B 1.58 | #13.93 | 13.80 | ^a | Augmentin Duo 400 | GK |

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 | 10 | .. | .. | 163.42 | 35.40 | Timentin | GK |
|-------|---------------------------------|----|----|----|--------|-------|----------|----|

Other beta-lactam antibacterials

First-generation cephalosporins

CEFALOTIN

| | | | | | | | | | |
|-------|--------------------------|----|----|----|-------|-------|--------------|------------------|----|
| 3376Q | Powder for injection 1 g | 10 | .. | .. | 22.98 | 24.09 | ^a | Cefalotin Sandoz | SZ |
|-------|--------------------------|----|----|----|-------|-------|--------------|------------------|----|

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|--------------|---|-------------|-------------|-------------------|--|--|---|
| | | | | | | | ^a Hospira Pty Limited HH |
| | | | | | | | ^a Keflin Neutral AS |
| 3317N | CEPHALEXIN Capsule 250 mg | 20 | .. | .. | 8.02 | 9.13 | ^a Cefalexin Sandoz SZ ^a Cephalixin GQ generichealth ^a Cephalixin-PS FZ ^a Cephatrust 250 MI ^a Chem mart CH Cephalixin ^a Cilex GM ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 250 AF ^a Pharmacor CR Cephalixin 250 ^a Rancef RA ^a Terry White TW Chemists Cephalixin |
| | | | | ^B 3.94 | 11.96 | 9.13 | ^a Keflex AS |
| 3318P | Capsule 500 mg | 20 | .. | .. | 9.20 | 10.31 | ^a Cefalexin Sandoz SZ ^a Cephalixin GQ generichealth ^a Cephalixin-PS FZ ^a Cephatrust 500 MI ^a Chem mart CH Cephalixin ^a Cilex GM ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 500 AF ^a Pharmacor CR Cephalixin 500 ^a Rancef RA ^a Terry White TW Chemists Cephalixin |
| | | | | ^B 5.65 | 14.85 | 10.31 | ^a Keflex AS |
| 3319Q | Granules for syrup 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | #10.91 | 12.36 | ^a APO-Cephalixin TX ^a Cefalexin Sandoz SZ ^a Chem mart CH Cephalixin ^a Cilex GM ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 125 AF ^a Terry White TW Chemists Cephalixin |
| | | | | ^B 4.34 | #15.25 | 12.36 | ^a Keflex AS |
| 3320R | Granules for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #11.78 | 13.23 | ^a APO-Cephalixin TX ^a Cefalexin Sandoz SZ ^a Chem mart CH Cephalixin ^a Cilex GM |

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|------|---|-------------|-------------|-------------------|--|--|---|
| | | | | | | | ^a GenRx Cephalaxin GX |
| | | | | | | | ^a Ialex LN |
| | | | | | | | ^a Ibilex 250 AF |
| | | | | | | | ^a Terry White Chemists Cephalaxin TW |
| | | | | ^B 5.58 | #17.36 | 13.23 | ^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 | .. | .. | 11.43 | 12.54 | ^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 |
| 5046N | Powder for oral suspension 125 mg per 5 mL, 100 mL | #1 | .. | ^B 6.16 | 17.59 | 12.54 | ^a | Ceclor CD | AS |
| | | | | | #12.58 | 14.03 | ^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 |
| 5047P | Powder for oral suspension 250 mg per 5 mL, 75 mL | #1 | .. | ^B 4.83 | #17.41 | 14.03 | ^a | Ceclor | AS |
| | | | | | #12.82 | 14.27 | ^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 5.08 | #17.90 | 14.27 | ^a | Ceclor | AS |
| CEFUROXIME AXETIL | | | | | | | | | |
| 2002J | Powder for oral suspension 125 mg (base) per 5 mL, 70 mL | #1 | .. | .. | #19.54 | 20.99 | | Zinnat | GK |
| 5052X | Tablet 250 mg (base) | 14 | .. | .. | 18.72 | 19.83 | | Zinnat | GK |

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|--|
| | | | | | Max. Qty \$ | Safety Net \$ | | |

Third-generation cephalosporins

CEFOTAXIME

Restricted benefit

Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.

Note

For item codes 5048Q and 1768C, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution.

| | | | | | | | | | |
|-------|--------------------------|----|----|----|--------|-------|--------------|---------------------|----|
| 1768C | Powder for injection 1 g | 10 | .. | .. | 26.54 | 27.65 | ^a | Hospira Pty Limited | HH |
| 5048Q | Powder for injection 1 g | 10 | .. | .. | *26.42 | 27.53 | ^a | Cefotaxime Sandoz | SZ |

CEFOTAXIME

Restricted benefit

Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.

Note

For item codes 5049R and 1769D, pharmaceutical benefits that have the form powder for injection 2 g are equivalent for the purposes of substitution.

| | | | | | | | | | |
|-------|--------------------------|----|----|----|--------|-------|--------------|---------------------|----|
| 1769D | Powder for injection 2 g | 10 | .. | .. | 43.12 | 35.40 | ^a | Hospira Pty Limited | HH |
| 5049R | Powder for injection 2 g | 10 | .. | .. | *43.02 | 35.40 | ^a | Cefotaxime Sandoz | SZ |

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 | .. | .. | 9.34 | 10.45 | ^a | Bactrim DS | RO |
| | | | | | | | ^a | Resprim Forte | AF |
| | | | | ^B 1.46 | 10.80 | 10.45 | ^a | Septin Forte | QA |
| 3391L | Oral suspension 40 mg-200 mg per 5 mL, 100 mL | ‡1 | .. | .. | 9.03 | 10.14 | | Bactrim | RO |
| | | | | ^B 1.79 | 10.82 | 10.14 | | Septin | QA |

Macrolides, lincosamides and streptogramins

Macrolides

ERYTHROMYCIN

| | | | | | | | | | |
|-------|----------------|----|----|-------------------|-------|-------|--------------|--------------|----|
| 3325B | Capsule 250 mg | 25 | .. | .. | 10.79 | 11.90 | ^a | Mayne Pharma | YT |
| | | | | ^B 2.91 | 13.70 | 11.90 | ^a | Erythromycin | YN |
| | | | | | | | | Eryc | YN |

ERYTHROMYCIN ETHYL SUCCINATE

| | | | | | | | | | |
|-------|---|----|----|-------------------|--------|-------|--------------|--------------------|----|
| 3334L | Powder for oral liquid 200 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | #14.65 | 16.10 | ^a | E-Mycin 200 | AF |
| | | | | ^B 2.71 | #17.36 | 16.10 | ^a | E.E.S. 200 | LM |
| 3336N | Tablet 400 mg (base) | 25 | .. | .. | 10.79 | 11.90 | ^a | E-Mycin | AF |
| | | | | ^B 2.66 | 13.45 | 11.90 | ^a | E.E.S. 400 Filmtab | LM |
| 3337P | Powder for oral liquid 400 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | #16.16 | 17.61 | ^a | E-Mycin 400 | AF |
| | | | | ^B 2.73 | #18.89 | 17.61 | ^a | E.E.S. Granules | LM |

ERYTHROMYCIN LACTOBIONATE

| | | | | | | | | | |
|-------|-------------------------------------|---|----|----|--------|-------|--|-----------------|----|
| 5088T | Powder for I.V. infusion 1 g (base) | 5 | .. | .. | *98.72 | 35.40 | | Erythrocin-I.V. | LM |
|-------|-------------------------------------|---|----|----|--------|-------|--|-----------------|----|

ROXITHROMYCIN

| | | | | | | | | | |
|-------|----------------------------------|----|----|----|-------|-------|--|----------|----|
| 5259T | Tablet for oral suspension 50 mg | 10 | .. | .. | 12.99 | 14.10 | | Rulide D | SW |
|-------|----------------------------------|----|----|----|-------|-------|--|----------|----|

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for | Maximum | | Brand Name and Manufacturer |
|-------|---|-------------|-------------|-------------------|------------------------|------------|--------------|-----------------------------|
| | | | | | Max. Qty | Recordable | | |
| | | | | | \$ | Value for | | |
| | | | | | | Safety Net | | |
| 5260W | Tablet 150 mg | 10 | .. | .. | 9.86 | 10.97 | ^a | APO-Roxithromycin TX |
| | | | | | | | ^a | Biaxsig AV |
| | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Roxithromycin |
| | | | | | | | ^a | Roxar 150 QA |
| | | | | | | | ^a | Roximycin AF |
| | | | | | | | ^a | Roxithromycin-GA GM |
| | | | | | | | ^a | Roxithromycin-PS FZ |
| | | | | | | | ^a | Roxithromycin SZ |
| | | | | | | | ^a | Sandoz |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | | | | ^a | Roxithromycin |
| | | | | ^B 2.61 | 12.47 | 10.97 | ^a | Rulide SW |
| 5261X | Tablet 300 mg | 5 | .. | .. | 9.86 | 10.97 | ^a | APO-Roxithromycin TX |
| | | | | | | | ^a | Biaxsig AV |
| | | | | | | | ^a | Chem mart CH |
| | | | | | | | ^a | Roxithromycin |
| | | | | | | | ^a | Roxar 300 QA |
| | | | | | | | ^a | Roximycin AF |
| | | | | | | | ^a | Roxithromycin-GA GM |
| | | | | | | | ^a | Roxithromycin-PS FZ |
| | | | | | | | ^a | Roxithromycin SZ |
| | | | | | | | ^a | Sandoz |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | | | | ^a | Roxithromycin |
| | | | | ^B 2.61 | 12.47 | 10.97 | ^a | 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 | .. | .. | 19.85 | 20.96 | ^a | Cleocin FZ |
| | | | | ^B 1.37 | 21.22 | 20.96 | ^a | Dalacin C PF |

LINCOMYCIN

| | | | | | | | | |
|-------|--------------------------|---|----|----|-------|-------|--|-------------|
| 5144R | Injection 600 mg in 2 mL | 5 | .. | .. | 33.84 | 34.95 | | Lincocin PF |
|-------|--------------------------|---|----|----|-------|-------|--|-------------|

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 | .. | .. | *16.62 | 17.73 | ^a | Hospira Pty Limited HH |
| | | | | | | | ^a | Vancocin CP AS |
| | | | | | | | ^a | Vancomycin AF |
| | | | | | | | ^a | Alphapharm |
| | | | | | | | ^a | Vancomycin SZ |
| | | | | | | | ^a | Sandoz |
| | | | | | | | ^a | Vycin IV WQ |
| 5083M | Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity) | 1 | .. | .. | 16.62 | 17.73 | ^a | Hospira Pty Limited HH |
| | | | | | | | ^a | Vancomycin AF |
| | | | | | | | ^a | Alphapharm |
| | | | | | | | ^a | Vancomycin SZ |

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|--|---|-------------|-------------|-------------------|--|--|--------------|--|----|
| | | | | | | | ^a | Sandoz Vycin IV | WQ |
| Imidazole derivatives | | | | | | | | | |
| METRONIDAZOLE | | | | | | | | | |
| 3339R | Tablet 200 mg | 21 | .. | .. | 7.98 | 9.09 | ^a | Metrogyl 200 | AF |
| | | | | | | | ^a | Metronide 200 | AV |
| | | | | ^B 2.30 | 10.28 | 9.09 | ^a | Flagyl | SW |
| 5157K | Suppositories 500 mg, 10 | ‡1 | .. | .. | 23.26 | 24.37 | | Flagyl | SW |
| <hr/> | | | | | | | | | |
| METRONIDAZOLE | | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | | |
| Treatment of anaerobic infections. | | | | | | | | | |
| 5155H | Tablet 400 mg | 21 | .. | .. | 9.95 | 11.06 | ^a | Metrogyl 400 | AF |
| | | | | | | | ^a | Metronide 400 | AV |
| | | | | ^B 2.30 | 12.25 | 11.06 | ^a | Flagyl | SW |
| <hr/> | | | | | | | | | |
| METRONIDAZOLE | | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | | |
| Treatment, in a hospital, of acute anaerobic sepsis. | | | | | | | | | |
| <u>Note</u> | | | | | | | | | |
| For item codes 5154G and 1832K, pharmaceutical benefits that have the form I.V. infusion 500 mg in 100 mL are equivalent for the purposes of substitution. | | | | | | | | | |
| 1832K | I.V. infusion 500 mg in 100 mL | 5 | .. | .. | *30.89 | 32.00 | ^a | DBL Metronidazole Intravenous Infusion | HH |
| 5154G | I.V. infusion 500 mg in 100 mL | 5 | .. | .. | *30.77 | 31.88 | ^a | Baxter Healthcare Pty Ltd | BX |
| METRONIDAZOLE BENZOATE | | | | | | | | | |
| 3341W | Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL | ‡1 | .. | .. | 18.92 | 20.03 | | Flagyl S | SW |

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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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

Musculo-skeletal system

Antiinflammatory and antirheumatic products

Antiinflammatory and antirheumatic products, non-steroids

Acetic acid derivatives and related substances

| | | | | | | | | |
|--|-------------------------------|-----|----|-------------------|--------|-------|--------------------------------|----|
| DICLOFENAC SODIUM | | | | | | | | |
| 5079H | Suppository 100 mg | 40 | .. | .. | *25.02 | 26.13 | 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 | .. | .. | *12.84 | 13.95 | ^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 | TW |
| | | | | | | | ^a Chemists | |
| | | | | ^B 2.32 | *15.16 | 13.95 | ^a Diclofenac | |
| | | | | | | | ^a Voltaren 25 | NV |
| 5077F | Tablet 50 mg (enteric coated) | 50 | .. | .. | 10.92 | 12.03 | ^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 | TW |
| | | | | | | | ^a Chemists | |
| | | | | ^B 2.34 | 13.26 | 12.03 | ^a Diclofenac | |
| | | | | | | | ^a Voltaren 50 | NV |
| <hr/> | | | | | | | | |
| INDOMETHACIN | | | | | | | | |
| 5128X | Suppository 100 mg | 40 | .. | .. | *22.60 | 23.71 | 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 | .. | .. | *12.52 | 13.63 | ^a Arthrexin | AF |
| | | | | ^B 2.02 | *14.54 | 13.63 | ^a Indocid | AS |

Oxicams

PIROXICAM

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component.

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|-------|---|-------------|-------------|-------------------|------------------------|------------------------------------|--------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| 5201R | Dispersible tablet 10 mg | 50 | .. | .. | 12.30 | 13.41 | | Mobilis D-10 AF |
| 5202T | Dispersible tablet 20 mg | 25 | .. | .. | 12.02 | 13.13 | ^a | Mobilis D-20 AF |
| | | | | ^B 2.95 | 14.97 | 13.13 | ^a | Feldene-D PF |
| 5203W | Capsule 10 mg | 50 | .. | .. | 12.30 | 13.41 | ^a | Chem mart CH |
| | | | | | | | ^a | Piroxicam |
| | | | | | | | ^a | GenRx Piroxicam GX |
| | | | | | | | ^a | Mobilis 10 AF |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | ^B 2.52 | 14.82 | 13.41 | ^a | Piroxicam |
| | | | | | | | ^a | Feldene PF |
| 5204X | Capsule 20 mg | 25 | .. | .. | 12.02 | 13.13 | ^a | Chem mart CH |
| | | | | | | | ^a | Piroxicam |
| | | | | | | | ^a | GenRx Piroxicam GX |
| | | | | | | | ^a | Mobilis 20 AF |
| | | | | | | | ^a | Terry White TW |
| | | | | | | | ^a | Chemists |
| | | | | ^B 2.49 | 14.51 | 13.13 | ^a | Piroxicam |
| | | | | | | | ^a | Feldene PF |

Propionic acid derivatives

| | | | | | | | | |
|------------------|---------------|----|----|----|------|-------|--|-----------|
| IBUPROFEN | | | | | | | | |
| 5124Q | Tablet 400 mg | 30 | .. | .. | 9.29 | 10.40 | | Brufen AB |

IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component;

Bone pain due to malignant disease.

| | | | | | | | | |
|-------|---------------|----|----|----|--------|-------|--|-----------|
| 5123P | Tablet 400 mg | 90 | .. | .. | *14.83 | 15.94 | | Brufen AB |
|-------|---------------|----|----|----|--------|-------|--|-----------|

KETOPROFEN

| | | | | | | | | |
|-------|--------------------|----|----|----|--------|-------|--|-----------|
| 5139L | Suppository 100 mg | 40 | .. | .. | *25.40 | 26.51 | | Orudis SW |
|-------|--------------------|----|----|----|--------|-------|--|-----------|

KETOPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component.

| | | | | | | | | |
|-------|------------------------------------|----|----|-------------------|-------|-------|--------------|------------------|
| 5136H | Capsule 200 mg (sustained release) | 28 | .. | .. | 19.20 | 20.31 | ^a | Oruvail SR AV |
| | | | | ^B 2.21 | 21.41 | 20.31 | ^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 | .. | .. | *13.44 | 14.55 | ^a | Inza 250 AF |
| | | | | ^B 2.24 | *15.68 | 14.55 | ^a | Naprosyn RO |
| 5177L | Tablet 500 mg | 50 | .. | .. | 12.68 | 13.79 | ^a | Inza 500 AF |
| | | | | ^B 1.30 | 13.98 | 13.79 | ^a | Naprosyn RO |
| 5178M | Tablet 750 mg (sustained release) | 28 | .. | .. | 12.18 | 13.29 | ^a | Proxen SR 750 MD |
| | | | | ^B 1.22 | 13.40 | 13.29 | ^a | Naprosyn SR750 RO |
| 5179N | Tablet 1 g (sustained release) | 28 | .. | .. | 14.06 | 15.17 | ^a | Proxen SR 1000 MD |
| | | | | ^B 1.29 | 15.35 | 15.17 | ^a | Naprosyn SR1000 RO |

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|--|---|-------------|-------------|-------------------|------------------------|------------------------------------|-----------------------------|----|
| | | | | | Max. Qty \$ | 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 | .. | .. | 12.87 | 13.98 ^a | Crysanal | MD |
| | | | | ^B 2.17 | 15.04 | 13.98 ^a | Anaprox 550 | RO |

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|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|--|
| | | | | | Max. Qty \$ | Safety Net \$ | | |

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 | .. | .. | 16.97 | 18.08 | Fawns and McAllan Proprietary Limited | FM |
|-------|--------------|----|----|----|-------|-------|---|----|

CODEINE PHOSPHATE with PARACETAMOL

| | | | | | | | | |
|-------|---------------------|----|----|-------------------|-------|-------------------|--|----|
| 3316M | Tablet 30 mg-500 mg | 20 | .. | .. | 7.58 | 8.69 ^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 2.80 | 10.38 | 8.69 ^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 | .. | .. | 17.20 | 18.31 | Dilaudid | MF |
| 5116G | Tablet 4 mg | 20 | .. | .. | 19.95 | 21.06 | Dilaudid | MF |
| 5117H | Tablet 8 mg | 20 | .. | .. | 30.13 | 31.24 | Dilaudid | MF |
| 5132D | Oral liquid 1 mg per mL, 473 mL | 1 | .. | .. | 63.80 | 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 | .. | .. | 20.43 | 21.54 | Ordine 2 | MF |
| 5238Q | Oral solution 5 mg per mL, 200 mL | 1 | .. | .. | 22.83 | 23.94 | Ordine 5 | MF |
| 5239R | Oral solution 10 mg per mL, 200 mL | 1 | .. | .. | 26.96 | 28.07 | 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 | .. | .. | 14.09 | 15.20 | Hospira Pty Limited | HH |
|-------|-------------------------|---|----|----|-------|-------|---------------------|----|

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|-------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|----|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| 5169C | Injection 15 mg in 1 mL | 5 | .. | .. | 14.45 | 15.56 | Hospira Pty Limited | HH |
| 5170D | Injection 30 mg in 1 mL | 5 | .. | .. | 15.87 | 16.98 | 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 | .. | .. | 14.13 | 15.24 | Anamorph | FM |
|-------|--------------|----|----|----|-------|-------|----------|----|

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 | .. | .. | 43.76 | 35.40 | Proladone | PL |
|-------|-------------------|----|----|----|-------|-------|-----------|----|

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 | .. | .. | 20.82 | 21.93 | OxyNorm Liquid 5mg/5mL | MF |
| 5191F | Capsule 5 mg | 20 | .. | .. | 12.40 | 13.51 | OxyNorm | MF |
| 5195K | Tablet 5 mg | 20 | .. | .. | 12.40 | 13.51 | Endone | QA |
| 5197M | Capsule 10 mg | 20 | .. | .. | 15.52 | 16.63 | 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 | .. | .. | 8.49 | 9.60 | ^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 2.41 | 10.90 | 9.60 | ^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 | Maximum Recordable Value for | Brand Name and Manufacturer | |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|--|
| | | | | | Max. Qty \$ | Safety Net \$ | | |

TRAMADOL HYDROCHLORIDE

Restricted benefit

For pain where aspirin and/or paracetamol alone are inappropriate or have failed.

| | | | | | | | | |
|-------|---------------------------------|----|----|----|-------|-------|--------|----|
| 5150C | Oral drops 100 mg per mL, 10 mL | ‡1 | .. | .. | 13.81 | 14.92 | Tramal | CS |
|-------|---------------------------------|----|----|----|-------|-------|--------|----|

TRAMADOL HYDROCHLORIDE

Restricted benefit

Short-term treatment of acute pain.

| | | | | | | | | |
|-------|--------------------------|---|----|----|-------|-------|--|----------|
| 5231H | Injection 100 mg in 2 mL | 5 | .. | .. | 13.20 | 14.31 | ^a Tramahexal ^a Tramal 100 | SZ CS |
|-------|--------------------------|---|----|----|-------|-------|--|----------|

Other analgesics and antipyretics
Salicylic acid and derivatives

ASPIRIN

| | | | | | | | | |
|-------|-----------------------------|----|----|----|------|------|---------|----|
| 5018D | Tablet 300 mg (dispersible) | 96 | .. | .. | 8.27 | 9.38 | Solprin | RC |
|-------|-----------------------------|----|----|----|------|------|---------|----|

Anilides

PARACETAMOL

| | | | | | | | | |
|-------|-------------------------------------|-----|----|----|-------|-------|--|----------------------------------|
| 3348F | Oral liquid 120 mg per 5 mL, 100 mL | ‡1 | .. | .. | 9.48 | 10.59 | Panamax | SW |
| 3349G | Oral liquid 240 mg per 5 mL, 200 mL | ‡1 | .. | .. | 10.78 | 11.89 | Panamax 240 Elixir | SW |
| 5196L | Tablet 500 mg | 100 | .. | .. | 8.42 | 9.53 | ^a APO-Paracetamol ^a Febridol ^a Generic Health Pty Ltd ^a Panamax ^a Paracetamol Sandoz ^a Paralgin | TX GM GQ SW SZ FM |

PARACETAMOL

Restricted benefit

Chronic arthropathies.

| | | | | | | | | |
|-------|---------------|-----|----|----|--------|-------|--|----------------------------------|
| 5224Y | Tablet 500 mg | 300 | .. | .. | *12.22 | 13.33 | ^a APO-Paracetamol ^a Febridol ^a Generic Health Pty Ltd ^a Panamax ^a Paracetamol Sandoz ^a Paralgin | TX GM GQ SW SZ FM |
|-------|---------------|-----|----|----|--------|-------|--|----------------------------------|

Antiepileptics

Antiepileptics

Carboxamide derivatives

CARBAMAZEPINE

Note

For item codes 5039F and 1755J, pharmaceutical benefits that have the form tablet 100 mg are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------|---------------|-----|----|----|-------|-------|--------------------------------------|----|
| 1755J | Tablet 100 mg | 200 | .. | .. | 18.61 | 19.72 | ^a Carbamazepine Sandoz | SZ |
|-------|---------------|-----|----|----|-------|-------|--------------------------------------|----|

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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 | |
|---|---|-------------|-------------|-------------------|--|--|-----------------------------|----|
| 5039F | Tablet 100 mg | 200 | .. | ^B 2.96 | *21.56 | 19.71 ^a | Tegretol 100 | NV |
| CARBAMAZEPINE | | | | | | | | |
| Note | | | | | | | | |
| For item codes 5040G and 1724R, pharmaceutical benefits that have the form tablet 200 mg are equivalent for the purposes of substitution. | | | | | | | | |
| 1724R | Tablet 200 mg | 200 | .. | ^B 2.96 | *32.06 | 30.21 ^a | Tegretol 200 | NV |
| 5040G | Tablet 200 mg | 200 | .. | .. | 29.12 | 30.23 ^a | Carbamazepine Sandoz | SZ |
| | | | | | | ^a | Teril | AF |
| CARBAMAZEPINE | | | | | | | | |
| 5037D | Tablet 400 mg (controlled release) | 200 | .. | .. | 49.12 | 35.40 | Tegretol CR 400 | NV |
| 5038E | Tablet 200 mg (controlled release) | 200 | .. | .. | 29.58 | 30.69 | Tegretol CR 200 | NV |
| 5041H | Oral suspension 100 mg per 5 mL, 300 mL | ‡1 | .. | .. | 21.45 | 22.56 | Tegretol Liquid | NV |

Anti-Parkinson drugs

Anticholinergic agents

Ethers of tropine or tropine derivatives

BENZTROPINE MESYLATE

| | | | | | | | | |
|-------|------------------------|---|----|----|--------|-------|----------|----|
| 5031T | Injection 2 mg in 2 mL | 5 | .. | .. | 103.69 | 35.40 | Cogentin | FK |
|-------|------------------------|---|----|----|--------|-------|----------|----|

Psycholeptics

Anxiolytics

Benzodiazepine derivatives

DIAZEPAM

| | | | | | | | | |
|-------|-------------------------|----|----|-------------------|-------|-------------------|---------------------|----|
| 5071X | Tablet 2 mg | 50 | .. | .. | 7.82 | 8.93 ^a | Antenex 2 | AF |
| | | | | | | ^a | APO-Diazepam | TX |
| | | | | | | ^a | Ranzepam | RA |
| | | | | | | ^a | Valpam 2 | QA |
| | | | | ^B 0.82 | 8.64 | 8.93 ^a | Valium | RO |
| 5072Y | Tablet 5 mg | 50 | .. | .. | 7.95 | 9.06 ^a | Antenex 5 | AF |
| | | | | | | ^a | APO-Diazepam | TX |
| | | | | | | ^a | Diazepam-GA | GM |
| | | | | | | ^a | Ranzepam | RA |
| | | | | ^B 0.85 | 8.80 | 9.06 ^a | Valium | RO |
| 5073B | Injection 10 mg in 2 mL | 5 | .. | .. | 12.39 | 13.50 | Hospira Pty Limited | HH |

OXAZEPAM

| | | | | | | | | |
|-------|--------------|----|----|-------------------|-------|-------------------|--------------|----|
| 5192G | Tablet 15 mg | 25 | .. | .. | 7.75 | 8.86 ^a | Alepam 15 | AF |
| | | | | ^B 2.69 | 10.44 | 8.86 ^a | Serepax | QA |
| 5193H | Tablet 30 mg | 25 | .. | .. | 7.75 | 8.86 ^a | Alepam 30 | AF |
| | | | | | | ^a | APO-Oxazepam | TX |
| | | | | | | ^a | Murelax | FM |
| | | | | ^B 2.69 | 10.44 | 8.86 ^a | Serepax | QA |

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|----------------------------|---|-------------|-------------|-------------------|------------------------|-------------------------|--------------|-----------------------------|----|
| | | | | | Max. Qty | Value for Safety Net | | | |
| | | | | | | | | | |
| Hypnotics and sedatives | | | | | | | | | |
| Benzodiazepine derivatives | | | | | | | | | |
| | | | | | | | | | |
| NITRAZEPAM | | | | | | | | | |
| 5189D | Tablet 5 mg | 25 | .. | .. | 7.92 | 9.03 | ^a | Alodorm | AF |
| | | | | ^B 1.45 | 9.37 | 9.03 | ^a | Mogadon | VT |
| | | | | | | | | | |
| TEMAZEPAM | | | | | | | | | |
| 5221T | Tablet 10 mg | 25 | .. | .. | 7.56 | 8.67 | ^a | APO-Temazepam | TX |
| | | | | | | | ^a | Temaze | AF |
| | | | | | | | ^a | Temtabs | FM |
| | | | | ^B 2.05 | 9.61 | 8.67 | ^a | Normison | QA |

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|------|---|-------------|-------------|---------|------------------------|-------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | 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 | .. | .. | 20.44 | 21.55 | Link Medical Products Pty Ltd | LM |
|-------|-------------------------------------|---|----|----|-------|-------|----------------------------------|----|

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| 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 | .. | .. | 11.10 | 12.21 | 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 | Maximum Recordable | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|-------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Value for Safety Net \$ | |

Various

All other therapeutic products

All other therapeutic products
Antidotes

| | | | | | | | |
|------------------------|------------------------|---|----|----|-------|-------|-----------------------|
| NALOXONE HYDROCHLORIDE | | | | | | | |
| 5175J | Injection 2 mg in 5 mL | 1 | .. | .. | 43.59 | 35.40 | Naloxone Min-I-Jet CS |

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 | Maximum Recordable Value for | Brand Name and Manufacturer | |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|--|
| | | | | | Max. Qty \$ | Safety Net \$ | | |

Sensory organs

Ophthalmologicals

Antiinfectives

Antibiotics

CHLORAMPHENICOL

| | | | | | | | | |
|-------|-------------------------------------|----|----|----|-------|-------|---------------|----|
| 5511C | Eye ointment 10 mg per g (1%), 4 g | £1 | .. | .. | 9.86 | 10.97 | Chloromycetin | PF |
| | | | | | | | Chlorsig | QA |
| 5512D | Eye drops 5 mg per mL (0.5%), 10 mL | £1 | 2 | .. | 11.10 | 12.21 | 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 | .. | 18.39 | 19.50 | Genoptic | AG |
|-------|---|----|---|----|-------|-------|----------|----|

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 | .. | 19.38 | 20.49 | Tobrex | AQ |
| 5570E | Eye ointment 3 mg per g (0.3%), 3.5 g | £1 | .. | .. | 22.48 | 23.59 | Tobrex | AQ |

Antivirals

ACICLOVIR

Restricted benefit

Herpes simplex keratitis.

| | | | | | | | | |
|-------|--------------------------------------|----|----|----|-------|-------|---------|----|
| 5501M | Eye ointment 30 mg per g (3%), 4.5 g | £1 | .. | .. | 33.73 | 34.84 | Zovirax | GK |
|-------|--------------------------------------|----|----|----|-------|-------|---------|----|

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 | .. | .. | *28.58 | 29.69 | ^a CiloQuin | IQ |
| | | | | ^B 2.06 | *30.64 | 29.69 | ^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 | .. | .. | *32.24 | 33.35 | Ocuflox | AG |
|-------|------------------------------------|---|----|----|--------|-------|---------|----|

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 | .. | .. | 10.71 | 11.82 | Maxidex | AQ |
|-------|------------------------------------|----|----|----|-------|-------|---------|----|

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|--|---|-------------|-------------|-------------------------|--|--|-----------------------------|----------|
| 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 | .. | .. | 10.71 | 11.82 | Flucon | AQ |
| | | | | | | | FML Liquifilm | 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 | .. | .. | 10.71 | 11.82 | 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 | .. | .. | 12.79 | 13.90 | 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 | .. | .. | 23.83 | 24.94 | 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 | .. | .. | 16.92 | 18.03 | 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 | 20.24 21.87 | 21.35 ^a 21.35 ^a | Enidin Alphagan | PE AG |
| 5563T | Eye drops 1.5 mg per mL (0.15%), 5 mL | £1 | 5 | .. | 20.24 | 21.35 | 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 | .. | 26.13 | 27.24 | Combigan | AG |
| <i>Parasympathomimetics</i> | | | | | | | | |
| PILOCARPINE HYDROCHLORIDE | | | | | | | | |
| 5536J | Eye drops 10 mg per mL (1%), 15 mL | £1 | 5 | .. | 12.63 | 13.74 | Isopto Carpine | AQ |
| 5537K | Eye drops 20 mg per mL (2%), 15 mL | £1 | 5 | .. | 13.88 | 14.99 | Isopto Carpine | AQ |
| 5538L | Eye drops 40 mg per mL (4%), 15 mL | £1 | 5 | .. | 16.73 | 17.84 | Isopto Carpine | AQ |

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|---|--|-------------|-------------|-------------------|--|--|-----------------------------|----|
| <i>Carbonic anhydrase inhibitors</i> | | | | | | | | |
| BRINZOLAMIDE | | | | | | | | |
| 5540N | Eye drops 10 mg per mL (1%), 5 mL | ‡1 | 5 | .. | 22.87 | 23.98 ^a | BrinzoQuin | IQ |
| | | | | ^B 1.18 | 24.05 | 23.98 ^a | Azopt | 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 | .. | 26.98 | 28.09 | Azarga | AQ |
| DORZOLAMIDE HYDROCHLORIDE | | | | | | | | |
| 5541P | Eye drops 20 mg (base) per mL (2%), 5 mL | ‡1 | 5 | .. | 21.39 | 22.50 | 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 | .. | 27.28 | 28.39 | 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 | .. | 14.87 | 15.98 | Betoptic S | AQ |
| 5544T | Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL | ‡1 | 5 | .. | 14.87 | 15.98 ^a | BetoQuin | IQ |
| | | | | ^B 2.09 | 16.96 | 15.98 ^a | Betoptic | AQ |
| TIMOLOL MALEATE | | | | | | | | |
| 5546X | Eye gel 1 mg (base) per g (0.1%), 5 g | ‡1 | 5 | .. | 12.97 | 14.08 | Nyogel | NV |
| 5547Y | Eye drops 2.5 mg (base) per mL (0.25%), 5 mL | ‡1 | 5 | .. | 11.64 | 12.75 | Tenopt | QA |
| 5548B | Eye drops 5 mg (base) per mL (0.5%), 5 mL | ‡1 | 5 | .. | 12.41 | 13.52 ^a | Tenopt | QA |
| | | | | ^B 3.03 | 15.44 | 13.52 ^a | Timoptol | FR |
| 5549C | Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL | ‡1 | 5 | .. | 11.64 | 12.75 | Timoptol XE | MK |
| 5550D | Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL | ‡1 | 5 | .. | 12.41 | 13.52 | Timoptol XE | MK |
| <i>Prostaglandin analogues</i> | | | | | | | | |
| BIMATOPROST | | | | | | | | |
| 5551E | Eye drops 300 micrograms per mL (0.03%), 3 mL | ‡1 | 5 | .. | 42.24 | 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 | .. | 46.69 | 35.40 | Ganfort 0.3/5 | AG |
| LATANOPROST | | | | | | | | |
| 5552F | Eye drops 50 micrograms per mL (0.005%), 2.5 mL | ‡1 | 5 | .. | 36.67 | 35.40 ^a | APO-Latanoprost | TX |

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|---|--|-------------|-------------|-------------------|--|--|-----------------------------------|----|
| | | | | | | | ^a Chem mart | CH |
| | | | | | | | ^a Latanoprost | FZ |
| | | | | | | | ^a Latanoprost Pfizer | FZ |
| | | | | | | | ^a Latanoprost Sandoz | SZ |
| | | | | | | | ^a Terry White Chemists | TW |
| | | | | | | | ^a Latanoprost | PF |
| | | | | | | | ^a 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 | .. | 40.97 | 35.40 | ^a Latanocom | FZ |
| | | | | | | | ^a Xalacom | PF |
| TRAVOPROST | | | | | | | | |
| 5554H | Eye drops 40 micrograms per mL (0.004%), 2.5 mL | 1 | 5 | .. | 42.24 | 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 | .. | 46.69 | 35.40 | Duotrav | AQ |
| Decongestants and antiallergics | | | | | | | | |
| <i>Other antiallergics</i> | | | | | | | | |
| SODIUM CROMOGLYCAT | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Vernal kerato-conjunctivitis. | | | | | | | | |
| 5529B | Eye drops 20 mg per mL (2%), 10 mL | 1 | 5 | .. | 14.31 | 15.42 | ^a Cromolux | AE |
| | | | | | | | ^a Opticrom | SW |
| Other ophthalmologicals | | | | | | | | |
| <i>Other ophthalmologicals</i> | | | | | | | | |
| CARBOMER | | | | | | | | |
| <u>Restricted benefit</u> | | | | | | | | |
| Severe dry eye syndrome, including Sjogren's syndrome. | | | | | | | | |
| 5503P | Eye gel 2 mg per g (0.2%), 10 g | 1 | 5 | .. | 10.37 | 11.48 | GelTears | BU |
| | | | | | | | ^a PAA | IQ |
| | | | | ^B 1.50 | 11.87 | 11.48 | ^a Viscotears | AQ |
| CARBOMER | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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 | .. | *36.19 | 35.40 | Viscotears Gel PF | 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 | Maximum | Brand Name and Manufacturer | |
|---|---|-------------|-------------|-------------------|-----------------------|---|--|----|
| | | | | | for Max. Qty \$ | Recordable Value for Safety Net \$ | | |
| CARBOMER 974 | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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 | .. | *36.16 | 35.40 | Poly Gel | AQ |
| 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 | .. | 10.69 | 11.80 | Refresh Tears Plus | AG |
| 5508X | Eye drops 10 mg per mL (1%), 15 mL | 1 | 5 | .. | 10.69 | 11.80 | 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 | .. | *36.16 | 35.40 | Celluvisc | AG |
| 5506T | Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30 | 3 | 5 | .. | *36.16 | 35.40 | Cellufresh | AG |
| 5509Y | Eye drops 2.5 mg per mL (0.25%), single dose units 0.6 mL, 24 | 4 | 5 | .. | *40.52 | 35.40 | TheraTears | CX |
| 5510B | Ocular lubricating gel 10 mg per mL (1%), single dose units 0.6 mL, 28 | 3 | 5 | .. | *34.18 | 35.29 | TheraTears | CX |
| <hr/> | | | | | | | | |
| 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 | .. | 10.69 | 11.80 | 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 | .. | *36.16 | 35.40 | Optive | AG |
| <hr/> | | | | | | | | |
| 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 | .. | 10.37 | 11.48 | Methopt | QA |
| 5518K | Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative) | 1 | 5 | .. | 10.37 | 11.48 | ^a In a Wink Moisturising | IQ |
| | | | | ^B 1.95 | 12.32 | 11.48 | ^a Genteal | AQ |
| <hr/> | | | | | | | | |
| 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 | .. | 10.37 | 11.48 | ^a HPMC PAA | IQ |
| | | | | ^B 1.95 | 12.32 | 11.48 | ^a Genteal gel | 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 | |
|--|--|-------------|-------------|-------------|--|--|--------|----------------------------------|----------------|
| 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 | .. B2.04 | 10.59 12.63 | 11.70 11.70 | a a | Poly-Tears Tears Naturale | IQ AQ |
| <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 | .. | *35.17 | 35.40 | | Bion Tears | AQ |
| <hr/> | | | | | | | | | |
| PARAFFIN | | | | | | | | | |
| 5522P | Pack containing 2 tubes compound eye ointment 3.5 g | ‡1 | 5 | .. B2.12 | 20.70 22.82 | 21.81 21.81 | | Poly Visc Ircal Lacri-Lube | IQ PE AG |
| 5523Q | Compound eye ointment 3.5 g | 2 | 5 | .. B2.54 | *21.34 *23.88 | 22.45 22.45 | a a | Poly Visc Duratears | IQ AQ |
| <hr/> | | | | | | | | | |
| 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 | .. | 10.69 | 11.80 | | 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 | .. | *39.47 | 35.40 | | Blink Intensive Tears | AO |
| <hr/> | | | | | | | | | |
| 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 | .. | 10.69 | 11.80 | | 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 | .. | *34.18 | 35.29 | | Systane | AQ |
| <hr/> | | | | | | | | | |
| 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 | .. B5.59 | 10.37 15.96 | 11.48 11.48 | a a | PVA Forte Liquifilm Forte | PE 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 | Maximum Recordable Value for | | Brand Name and Manufacturer |
|-------|---|-------------|-------------|-------------------|------------------------|------------------------------------|--------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | | |
| 5526W | Eye drops 14 mg per mL (1.4%), 15 mL | ‡1 | 5 | .. | 10.37 | 11.48 | ^a | PVA Tears PE |
| | | | | ^B 1.60 | 11.97 | 11.48 | ^a | Liquifilm Tears AG |
| 5527X | Eye drops 14 mg per mL (1.4%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative) | ‡1 | 5 | .. | 10.37 | 11.48 | | Vistil AE |
| 5528Y | Eye drops 30 mg per mL (3%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative) | ‡1 | 5 | .. | 10.37 | 11.48 | | Vistil Forte AE |

SOY LECITHIN

Authority required

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 | .. | *36.16 | 35.40 | | tearsagain RB |
|-------|------------------------------------|---|---|----|--------|-------|--|---------------|

Ophthalmological and otological preparations

Antiinfectives

Antiinfectives

FRAMYCETIN SULFATE

| | | | | | | | | |
|-------|--|----|---|----|-------|-------|--|---------------|
| 5557L | Eye and ear drops 5 mg per mL (0.5%), 8 mL | ‡1 | 2 | .. | 10.21 | 11.32 | | 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 | 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 | .. | 1558.52 | Revolade | GK |
| 5828R | Tablet 50 mg (as olamine) | 28 | 5 | .. | 3070.52 | 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)

| 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 | |

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,

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|------|---|-------------|----------------|---------------|-----------------------------|-----------------------------|
| | | | | | Price for Max. Qty \$ | |

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).

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.

Authority approval will not be given for doses of higher than 10 micrograms/kg/week.

Note

Special Pricing Arrangements apply.

| | | | | | | | |
|-------|---|---|----|----|---------|--------|----|
| 9697J | Powder for injection 375 micrograms (250 micrograms in 0.5 mL when reconstituted) | 1 | .. | .. | 1023.12 | Nplate | AN |
| 9699L | Powder for injection 625 micrograms (500 micrograms in 1 mL when reconstituted) | 1 | .. | .. | 2001.52 | 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 | .. | *376.84 | Aranesp | AN |
| 6321Q | Injection 20 micrograms in 0.5 mL pre-filled syringe | 8 | 5 | .. | *703.96 | Aranesp | AN |
| 6322R | Injection 30 micrograms in 0.3 mL pre-filled syringe | 8 | 5 | .. | *960.68 | Aranesp | AN |
| 6323T | Injection 40 micrograms in 0.4 mL pre-filled syringe | 8 | 5 | .. | *1160.12 | Aranesp | AN |
| 6324W | Injection 50 micrograms in 0.5 mL pre-filled syringe | 8 | 5 | .. | *1423.30 | Aranesp | AN |
| 6325X | Injection 60 micrograms in 0.3 mL pre-filled syringe | 8 | 5 | .. | *1663.18 | Aranesp | AN |
| 6326Y | Injection 100 micrograms in 0.5 mL pre-filled syringe | 8 | 5 | .. | *2667.02 | Aranesp | AN |
| 6365B | Injection 150 micrograms in 0.3 mL pre-filled syringe | 8 | 5 | .. | *3951.02 | Aranesp | AN |
| 6438W | Injection 80 micrograms in 0.4 mL pre-filled syringe | 8 | 5 | .. | *2174.52 | Aranesp | AN |
| 6488L | Injection 20 micrograms in 0.5 mL pre-filled injection pen | 8 | 5 | .. | *703.96 | Aranesp SureClick | AN |
| 6489M | Injection 40 micrograms in 0.4 mL pre-filled injection pen | 8 | 5 | .. | *1160.12 | Aranesp SureClick | AN |
| 6490N | Injection 60 micrograms in 0.3 mL pre-filled injection pen | 8 | 5 | .. | *1663.16 | Aranesp SureClick | AN |
| 6491P | Injection 80 micrograms in 0.4 mL pre-filled injection pen | 8 | 5 | .. | *2174.52 | Aranesp SureClick | AN |
| 6492Q | Injection 100 micrograms in 0.5 mL pre-filled injection pen | 8 | 5 | .. | *2667.00 | Aranesp SureClick | AN |
| 6493R | Injection 150 micrograms in 0.3 mL pre-filled injection pen | 8 | 5 | .. | *3951.00 | 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 | .. | *544.00 | Eprex 2000 | JC |
| 6205N | Injection 3,000 units in 0.3 mL pre-filled syringe | 12 | 5 | .. | *700.10 | Eprex 3000 | JC |
| 6206P | Injection 4,000 units in 0.4 mL pre-filled syringe | 12 | 5 | .. | *889.80 | Eprex 4000 | JC |
| 6207Q | Injection 10,000 units in 1 mL pre-filled syringe | 12 | 5 | .. | *2016.82 | Eprex 10000 | JC |
| 6251B | Injection 1,000 units in 0.5 mL pre-filled syringe | 12 | 5 | .. | *297.00 | Eprex 1000 | JC |
| 6302Q | Injection 5,000 units in 0.5 mL pre-filled syringe | 12 | 5 | .. | *1103.86 | Eprex 5000 | JC |

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|-------|---|-------------|----------------|---------------|------------------------|-----------------------------|----|
| | | | | | Max. Qty \$ | | |
| 6303R | Injection 6,000 units in 0.6 mL pre-filled syringe | 12 | 5 | .. | *1301.66 | Eprex 6000 | JC |
| 6305W | Injection 8,000 units in 0.8 mL pre-filled syringe | 12 | 5 | .. | *1674.44 | Eprex 8000 | JC |
| 6339P | Injection 40,000 units in 1 mL pre-filled syringe | 2 | 5 | .. | *1300.52 | Eprex 40,000 | JC |
| 6434P | Injection 20,000 units in 0.5 mL pre-filled syringe | 12 | 5 | .. | *3922.52 | Eprex 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 | .. | *544.00 | NeoRecormon | RO |
| 6481D | Injection 3,000 units in 0.3 mL pre-filled syringe | 12 | 5 | .. | *700.10 | NeoRecormon | RO |
| 6482E | Injection 4,000 units in 0.3 mL pre-filled syringe | 12 | 5 | .. | *889.80 | NeoRecormon | RO |
| 6483F | Injection 5,000 units in 0.3 mL pre-filled syringe | 12 | 5 | .. | *1103.88 | NeoRecormon | RO |
| 6484G | Injection 6,000 units in 0.3 mL pre-filled syringe | 12 | 5 | .. | *1301.66 | NeoRecormon | RO |
| 6485H | Injection 10,000 units in 0.6 mL pre-filled syringe | 12 | 5 | .. | *2016.82 | NeoRecormon | RO |
| 6486J | Injection 20,000 units in 0.6 mL pre-filled syringe | 12 | 5 | .. | *3922.52 | 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 | .. | *1048.22 | Novicrit | NV |
| 9590R | Injection 6,000 units in 0.6 mL pre-filled syringe | 12 | 5 | .. | *1235.60 | Novicrit | NV |
| 9593X | Injection 8,000 units in 0.8 mL pre-filled syringe | 12 | 5 | .. | *1588.76 | Novicrit | NV |
| 9595B | Injection 10,000 units in 1 mL pre-filled syringe | 12 | 5 | .. | *1913.12 | Novicrit | NV |
| 9685R | Injection 1,000 units in 0.5 mL pre-filled syringe | 12 | 5 | .. | *281.70 | Novicrit | NV |
| 9686T | Injection 2,000 units in 1 mL pre-filled syringe | 12 | 5 | .. | *515.70 | Novicrit | NV |
| 9687W | Injection 3,000 units in 0.3 mL pre-filled syringe | 12 | 5 | .. | *663.60 | Novicrit | NV |
| 9688X | Injection 4,000 units in 0.4 mL pre-filled syringe | 12 | 5 | .. | *843.30 | 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 | .. | *390.46 | Mircera | RO |
| 9575Y | Injection 50 micrograms in 0.3 mL pre-filled syringe | 2 | 5 | .. | *646.44 | Mircera | RO |
| 9576B | Injection 75 micrograms in 0.3 mL pre-filled syringe | 2 | 5 | .. | *938.38 | Mircera | RO |
| 9577C | Injection 100 micrograms in 0.3 mL pre-filled syringe | 2 | 5 | .. | *1205.34 | Mircera | RO |
| 9578D | Injection 120 micrograms in 0.3 mL pre-filled syringe | 2 | 5 | .. | *1388.16 | Mircera | RO |
| 9579E | Injection 200 micrograms in 0.3 mL pre-filled syringe | 2 | 5 | .. | *1970.82 | Mircera | RO |
| 9580F | Injection 360 micrograms in 0.6 mL pre-filled syringe | 2 | 5 | .. | *3373.04 | Mircera | RO |

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | 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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| | | | | | 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 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 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 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)

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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | 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.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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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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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for 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

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 | .. | .. | 4081.52 | Volibris | GK |
| 9649W | Tablet 10 mg | 30 | .. | .. | 4081.52 | 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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| | | | | | Price for Max. Qty | \$ | |

(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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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for Max. Qty | \$ | |

(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 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 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 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 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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|------|---|-------------|----------------|---------------|-----------------------------|-----------------------------|
| | | | | | Price for Max. Qty \$ | |

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 | .. | .. | 4081.52 | Tracleer | AT |
| 6430K | Tablet 125 mg (base) | 60 | .. | .. | 4081.52 | 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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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for 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 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 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 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 | .. | .. | 50.10 | Flolan Kit GK |
| 5042J | Powder for I.V. infusion 1.5 mg (base) infusion administration set | 1 | .. | .. | 89.75 | 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)

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|------|---|-------------|----------------|---------------|-----------------------|----------|-----------------------------|
| | | | | | 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 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 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 patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or

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 | |
| | | | | | \$ | \$ | |

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)

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|------|---|-------------|----------------|---------------|-----------------------|----------|-----------------------------|
| | | | | | Price for Max. Qty | 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 Price for Max. Qty | Brand Name and Manufacturer |
|------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |

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 | .. | .. | 1122.52 | Ventavis | BN |
|-------|--|----|----|----|---------|----------|----|

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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|------|---|-------------|----------------|---------------|------------------------|----|-----------------------------|
| | | | | | 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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|------|---|-------------|----------------|---------------|------------------------|----|-----------------------------|
| | | | | | 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 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 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 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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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium \$ | Dispensed | | Brand Name and Manufacturer |
|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | 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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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).

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|-------|---------------------|----|----|----|--------|---------|----|
| 9605M | Tablet 20 mg (base) | 90 | .. | .. | 940.89 | 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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|------|---|-------------|----------------|---------------|-----------------------|----------|-----------------------------|
| | | | | | Price for Max. Qty | 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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| | | | | | Price for Max. Qty \$ | |

(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 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 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 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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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium \$ | Dispensed | | Brand Name and Manufacturer |
|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for 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).

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 (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.

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 |
|------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |

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 | .. | .. | 878.59 | Adcirca | LY |
|-------|--------------|----|----|----|--------|---------|----|

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 | \$ | |

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 | .. | *1546.52 | Somatuline LA | IS |
|-------|---|---|----|----|----------|---------------|----|

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 | .. | *2736.52 | Somatuline Autogel | IS |
| 6424D | Injection 90 mg (base) in single dose pre-filled syringe | 2 | 11 | .. | *3626.52 | Somatuline Autogel | IS |
| 6425E | Injection 120 mg (base) in single dose pre-filled syringe | 2 | 11 | .. | *4526.52 | 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 | .. | *650.38 ^a | Hospira Pty Limited | HH |
|-------|--|----|----|----|----------------------|---------------------|----|

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 |
|-------|---|-------------|----------------|---------------|------------------------------------|-------------------------------------|
| | | | | | \$ | |
| 6228T | Injection 100 micrograms (as acetate) in 1 mL | 90 | 11 | .. | *1282.90 | ^a Octreotide MaxRx GQ |
| | | | | | | ^a Sandostatin 0.05 NV |
| | | | | | | ^a Hospira Pty Limited HH |
| | | | | | | ^a Octreotide MaxRx GQ |
| 6229W | Injection 500 micrograms (as acetate) in 1 mL | 90 | 11 | .. | *6241.00 | ^a Sandostatin 0.1 NV |
| | | | | | | ^a Hospira Pty Limited HH |
| | | | | | | ^a Octreotide MaxRx GQ |
| | | | | | | ^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 | .. | 1353.38 | Sandostatin LAR | NV |
| 6427G | Injection (modified release) 20 mg (as acetate), vial and diluent syringe | 1 | 11 | .. | 1786.33 | Sandostatin LAR | NV |
| 6428H | Injection (modified release) 30 mg (as acetate), vial and diluent syringe | 1 | 11 | .. | 2223.98 | 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.

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 \$ | |

"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 | .. | *623.98 | Sensipar | AN |
| 9626P | Tablet 60 mg (as hydrochloride) | 56 | 5 | .. | *1233.96 | Sensipar | AN |
| 9627Q | Tablet 90 mg (as hydrochloride) | 56 | 5 | .. | *1827.68 | Sensipar | AN |

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 \$ | |

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 | .. | *125.04 | Zithromax | PF |
|-------|------------------------------|----|---|----|---------|-----------|----|

CLARITHROMYCIN

Authority required

Treatment of Mycobacterium avium complex infections.

| | | | | | | | |
|-------|---------------|-----|---|----|-------|--------|----|
| 6151R | Tablet 250 mg | 100 | 2 | .. | 37.00 | Klacid | AB |
| 6152T | Tablet 500 mg | 100 | 2 | .. | 65.84 | 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 | .. | *618.04 | Mycobutin | PF |
|-------|----------------|-----|---|----|---------|-----------|----|

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 | .. | *3646.52 | Vistide | GI |
|-------|---|---|---|----|----------|---------|----|

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 | .. | *588.92 | Cymevene | RO |
|-------|---|----|---|----|---------|----------|----|

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 | .. | *2162.42 | ^a APO-Valaciclovir ^a Valaciclovir RBX ^a Valtrex ^a Valvala | TX RA GK NV |
|-------|----------------------------------|-----|---|----|----------|--|----------------------|

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 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 | .. | *4538.12 | Valcyte | RO |
| 9675F | Powder for oral solution 50 mg (base) per mL, 100 mL | 11 | 5 | .. | *#4623.96 | 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 | .. | 1224.02 | Foscavir | IX |
|-------|------------------------------------|---|---|----|---------|----------|----|

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 | .. | *1090.34 | Reyataz | BQ |
| 6452N | Capsule 200 mg (as sulfate) | 120 | 5 | .. | *1438.28 | Reyataz | BQ |
| 9614B | Capsule 300 mg (as sulfate) | 60 | 5 | .. | *1090.34 | Reyataz | BQ |
| 9646Q | Capsule 100 mg (as sulfate) | 120 | 5 | .. | *730.24 | 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 | .. | *1444.80 | Prezista | JC |
|-------|-------------------------------|-----|---|----|----------|----------|----|

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 | .. | *2143.94 | Prezista | JC |
| 9581G | Tablet 150 mg (as ethanolate) | 240 | 5 | .. | 1095.23 | 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;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

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|-------|---|-------------|----------------|---------------|------------------------|-----------------------------|----|
| | | | | | Max. Qty \$ | | |
| 6453P | Tablet 700 mg (as calcium) | 120 | 5 | .. | *795.18 | Telzir | VI |
| 6454Q | Oral liquid 50 mg (as calcium) per mL, 225 mL | 8 | 5 | .. | *851.48 | Telzir | VI |

INDINAVIR

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.

| | | | | | | | |
|-------|-----------------------------|-----|---|----|---------|-----------------|----|
| 6202K | Capsule 400 mg (as sulfate) | 360 | 5 | .. | *952.92 | Crixivan 400 mg | MK |
|-------|-----------------------------|-----|---|----|---------|-----------------|----|

RITONAVIR

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.

| | | | | | | | |
|-------|---|-----|---|----|----------|--------|----|
| 6494T | Oral solution 600 mg per 7.5 mL (80 mg per mL), 90 mL | 10 | 5 | .. | *952.92 | Norvir | VE |
| 9677H | Tablet 100 mg | 720 | 5 | .. | *1028.68 | Norvir | VE |

SAQUINAVIR

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.

| | | | | | | | |
|-------|-----------------------------|-----|---|----|----------|----------|----|
| 6498B | Tablet 500 mg (as mesylate) | 240 | 5 | .. | *1057.64 | Invirase | RO |
|-------|-----------------------------|-----|---|----|----------|----------|----|

TIPRANAVIR

Authority required

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.

| | | | | | | | |
|-------|----------------|-----|---|----|----------|---------|----|
| 9610T | Capsule 250 mg | 240 | 5 | .. | *2188.52 | Aptivus | BY |
|-------|----------------|-----|---|----|----------|---------|----|

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 | .. | *593.08 | Ziagen | VI |
| 6265R | Oral solution 20 mg (as sulfate) per mL, 240 mL | 8 | 5 | .. | *689.96 | 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

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| | | | | | Max. Qty \$ | |

(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 | .. | *1296.52 | Hepsera | GI |
|-------|--------------|----|---|----|----------|---------|----|

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 | .. | *298.62 | Videx EC | BQ |
| 6299M | Capsule 200 mg (containing enteric coated beadlets) | 60 | 5 | .. | *346.40 | Videx EC | BQ |
| 6300N | Capsule 250 mg (containing enteric coated beadlets) | 60 | 5 | .. | *431.34 | Videx EC | BQ |
| 6301P | Capsule 400 mg (containing enteric coated beadlets) | 60 | 5 | .. | *686.24 | 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 | .. | *593.08 | Emtriva | GI |
|-------|----------------|----|---|----|---------|---------|----|

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.

Note

PBS-subsidised entecavir monohydrate must be used as monotherapy.

| | | | | | | | |
|-------|---------------|----|---|----|---------|-----------|----|
| 9602J | Tablet 0.5 mg | 60 | 5 | .. | *805.86 | Baraclude | BQ |
|-------|---------------|----|---|----|---------|-----------|----|

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.

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| | | | | | Max. Qty | \$ | |

Note

PBS-subsidised entecavir monohydrate must be used as monotherapy.

| | | | | | | | | |
|-------|-------------|----|---|----|----------|--|-----------|----|
| 9603K | Tablet 1 mg | 60 | 5 | .. | *1296.52 | | Baraclude | BQ |
|-------|-------------|----|---|----|----------|--|-----------|----|

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 | .. | *267.50 | ^a | Zeffix | GK |
| | | | | | | ^a | Zetlam | AF |
| 6271C | Oral solution 5 mg per mL, 240 mL | 5 | 5 | .. | *311.87 | | 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 | .. | *499.26 | ^a | 3TC | VI |
| | | | | | | ^a | Alphapharm | AF |
| | | | | | | ^a | Lamivudine | |
| | | | | | | ^a | Lamivudine RBX | RA |
| 6194B | Oral solution 10 mg per mL, 240 mL | 8 | 5 | .. | *610.92 | | 3TC | VI |
| 6435Q | Tablet 300 mg | 60 | 5 | .. | *499.26 | ^a | 3TC | VI |
| | | | | | | ^a | Alphapharm | AF |
| | | | | | | ^a | Lamivudine | |
| | | | | | | ^a | Lamivudine RBX | RA |

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 | .. | *588.92 | | Zerit | BQ |
| 6189R | Capsule 30 mg | 120 | 5 | .. | *700.58 | | Zerit | BQ |
| 6190T | Capsule 40 mg | 120 | 5 | .. | *931.92 | | Zerit | BQ |

TELBIVUDINE

Authority required

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;

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|--|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |
| 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 | .. | *528.36 | Sebivo NV |

TENOFOVIR

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.

Authority required

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.

Note

Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

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.

| | | | | | | | |
|-------|--|----|---|----|----------|--------|----|
| 6358P | Tablet containing tenofovir disoproxil fumarate 300 mg | 60 | 5 | .. | *1011.36 | Viread | GI |
|-------|--|----|---|----|----------|--------|----|

ZIDOVUDINE

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.

| | | | | | | | |
|-------|----------------------------|-----|---|----|----------|----------|----|
| 6153W | Capsule 100 mg | 400 | 5 | .. | *861.24 | Retrovir | GK |
| 6154X | Capsule 250 mg | 240 | 5 | .. | *1279.28 | Retrovir | GK |
| 6155Y | Syrup 10 mg per mL, 200 mL | 15 | 5 | .. | *706.72 | 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;

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| | | | | | Dispensed Price for | | |
|-------|---|----------|-------------|------------|---------------------|-----------------------------|----|
| | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium \$ | 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. | | | | | | |
| 6356M | Tablet 600 mg | 60 | 5 | .. | *571.40 | Stocrin | MK |
| 6372J | Oral solution 30 mg per mL, 180 mL | 7 | 5 | .. | *599.63 | Stocrin | MK |
| 9618F | Tablet 200 mg | 180 | 5 | .. | *571.40 | 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 | .. | *1279.52 | 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 | .. | *571.40 | Viramune | BY |
| 9571R | Oral suspension 50 mg (as hemihydrate) per 5 mL, 240 mL | 10 | 5 | .. | *1396.52 | 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 | .. | *571.40 | Viramune XR | BY |
|-------|----------------------------------|----|---|----|---------|-------------|----|

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 | .. | *571.40 | Edurant | JC |
|-------|---------------------------------|----|---|----|---------|---------|----|

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;

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 | .. | *1084.30 | Kivexa | VI |
|-------|---|----|---|----|----------|--------|----|

ABACAVIR with LAMIVUDINE and ZIDOVUDINE

Authority required

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;

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|---|---|-------------|----------------|---------------|--|-----------------------------|----|
| | 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 | .. | *1661.18 | 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 | .. | *1113.48 | 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 | .. | *1336.52 | Kaletra | VE |
| 6495W | Tablet 200 mg-50 mg | 240 | 5 | .. | *1416.52 | Kaletra | VE |
| 9633B | Tablet 100 mg-25 mg | 120 | 5 | .. | *362.72 | Kaletra | VE |
| 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 | .. | *1576.72 | 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 | .. | *2119.88 | Atripla | GI |
| TENOFOVIR with EMTRICITABINE and RILPIVIRINE | | | | | | | |
| <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. | | | | | | | |
| 1490K | Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg and rilpivirine 25 mg (as hydrochloride) | 60 | 5 | .. | *2119.88 | Eviplera | GI |
| Other antivirals | | | | | | | |
| ENFUVIRTIDE | | | | | | | |
| <u>Authority required</u> | | | | | | | |
| 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. | | | | | | | |
| 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 | .. | *4472.52 | Fuzeon | RO |

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 | .. | *1881.92 | Celsentri | VI |
| 9573W | Tablet 300 mg | 120 | 5 | .. | *1881.92 | 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 | .. | *1377.62 | Isentress | MK |
|-------|------------------------------|-----|---|----|----------|-----------|----|

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 | .. | *7746.56 | Vidaza | CJ |
|-------|-----------------------------|----|---|----|----------|--------|----|

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)

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|------|---|-------------|----------------|---------------|-----------------------------|-----------------------------|
| | | | | | 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 | .. | *7746.56 | Vidaza | CJ |
|-------|-----------------------------|----|---|----|----------|--------|----|

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 | .. | *2538.48 | Caelyx | JC |
| | | | | | | Lipodox | ZF |

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)

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|----------------------------------|--|-------------|----------------|---------------|-----------------------|----------|-----------------------------|
| | | | | | Price for Max. Qty | Max. Qty | |
| | 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 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); | | | | | | |
| | 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)); | | | | | | |
| | 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)); | | | | | | |
| | 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</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 | .. | *2562.06 | | TevaGrastim AS |
| 1113N | Injection 480 micrograms in 0.8 mL single use pre-filled syringe | 20 | 11 | .. | *4079.10 | | TevaGrastim AS |
| 5830W | Injection 120 micrograms in 0.2 mL single use pre-filled syringe | 20 | 11 | .. | *1052.74 | | Nivestim HH |
| 6126K | Injection 300 micrograms in 1 mL | 20 | 11 | .. | *2562.06 | | Neupogen AN |
| 6127L | Injection 480 micrograms in 1.6 mL | 20 | 11 | .. | *4079.10 | | Neupogen AN |
| 6291D | Injection 300 micrograms in 0.5 mL single use pre-filled syringe | 20 | 11 | .. | *2562.06 | | Neupogen AN |
| 6292E | Injection 480 micrograms in 0.5 mL single use pre-filled syringe | 20 | 11 | .. | *4079.10 | | Neupogen AN |
| 9693E | Injection 300 micrograms in 0.5 mL single use pre-filled syringe | 20 | 11 | .. | *2562.06 | | Nivestim HH |
| 9695G | Injection 480 micrograms in 0.5 mL single use pre-filled syringe | 20 | 11 | .. | *4079.10 | | 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)

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|---|---|-------------|----------------|---------------|--|-----------------------------|
| <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 | .. | *1071.52 | Granocyte 13 HH |
| 6338N | Powder for injection 33,600,000 i.u. (263 micrograms) | 20 | 11 | .. | *2613.72 | 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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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 | .. | 1971.52 | 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

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 | .. | *936.22 | Roferon-A | RO |
| 6211X | Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe | 30 | 5 | .. | *1387.42 | Roferon-A | RO |
| 6212Y | Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe | 30 | 5 | .. | *1833.82 | Roferon-A | RO |
| 6213B | Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe | 30 | 5 | .. | *2727.82 | 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 | .. | *2727.67 | Intron A | MK |
| 6219H | Solution for injection 25,000,000 i.u. in 2.5 mL single dose vial | 15 | 5 | .. | *3770.32 | Intron A | MK |
| 6246R | Solution for injection 10,000,000 i.u. in 1 mL single dose vial | 15 | 5 | .. | *1536.01 | Intron A | MK |
| 6253D | Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen | 2 | 5 | .. | *378.30 | Intron A Redipen | MK |
| 6254E | Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen | 2 | 5 | .. | *626.16 | Intron A Redipen | MK |
| 6255F | Solution for injection 60,000,000 i.u. in 1.2 mL multi-dose injection pen | 2 | 5 | .. | *1238.12 | 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 | .. | *2768.32 | Imukin | BY |
|-------|------------------------------------|----|----|----|----------|--------|----|

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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|------|---|-------------|----------------|---------------|-----------------------|----------|-----------------------------|
| | | | | | Price for Max. Qty | 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 | .. | *2378.32 | Pegasys | RO |
| 6449K | Injection 180 micrograms in 0.5 mL single use pre-filled syringe | 8 | 5 | .. | *2746.98 | 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

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|------|---|-------------|----------------|---------------|-----------------------|----------|-----------------------------|
| | | | | | Price for Max. Qty | 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 | .. | *3119.36 | Pegasys RBV | RO |
| 6394M | Pack containing 112 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms | 2 | 5 | .. | *3131.80 | Pegasys RBV | RO |
| 6395N | Pack containing 140 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms | 2 | 5 | .. | *3292.34 | Pegasys RBV | RO |
| 6396P | Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms | 2 | 5 | .. | *3452.88 | 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

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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.

| | | | | | | | |
|-------|---|---|---|----|----------|----------|----|
| 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 | .. | *2166.26 | 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 | .. | *2469.24 | 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 | .. | *3146.14 | 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 | .. | *2754.18 | 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 | .. | *3538.10 | 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 | .. | *4126.04 | 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 | .. | *4126.04 | 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 | .. | *4411.00 | 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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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for Max. Qty | \$ | |

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.

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 | |

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 | .. | .. | 531.13 | Orencia | BQ |
|-------|---------------------------------|---|----|----|--------|---------|----|

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 | .. | *506.34 | Certican | NV |
| 6460B | Tablet 0.5 mg | 120 | 5 | .. | *1006.16 | Certican | NV |
| 6461C | Tablet 0.75 mg | 240 | 5 | .. | *2930.12 | Certican | NV |
| 9582H | Tablet 1 mg | 240 | 5 | .. | *3891.32 | 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 | | Brand Name and Manufacturer |
|------|---|-------------|----------------|---------------|-----------------------|--|-----------------------------|
| | | | | | Price for Max. Qty | | |

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.

Note

For item codes 6208R and 1837Q, pharmaceutical benefits that have the form capsule 250 mg are equivalent for the purposes of substitution.

| | | | | | | | | |
|-------|----------------|-----|---|----|---------|--------------|-----------------------------------|----------|
| 1837Q | Capsule 250 mg | 600 | 5 | .. | *977.44 | ^a | Ceptolate | AF |
| 6208R | Capsule 250 mg | 600 | 5 | .. | *977.38 | ^a | APO- Mycophenolate CellCept | TX RO |
| | | | | | | ^a | Imulate | QA |
| | | | | | | ^a | Mycophenolate Sandoz | SZ |
| | | | | | | ^a | Pharmacor Mycophenolate 250 | CR |

MYCOPHENOLATE MOFETIL

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.

| | | | | | | | | |
|-------|---|-----|---|----|----------|--------------|-----------------------------------|----------|
| 6209T | Tablet 500 mg | 300 | 5 | .. | *977.38 | ^a | APO- Mycophenolate CellCept | TX RO |
| | | | | | | ^a | Ceptolate | AF |
| | | | | | | ^a | Imulate | QA |
| | | | | | | ^a | Mycophenolate Sandoz | SZ |
| | | | | | | ^a | Pharmacor Mycophenolate 500 | CR |
| 6364Y | Powder for oral suspension 1 g per 5 mL, 165 mL | 2 | 5 | .. | *#517.71 | | 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 | .. | *394.90 | | Myfortic | NV |
| 6370G | Tablet (enteric coated) 360 mg (mycophenolic acid) | 240 | 5 | .. | *783.26 | | 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.

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 \$ | |

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 | .. | 2084.98 | Tysabri | BD |
|-------|--|---|---|----|---------|---------|----|

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.

| | | | | | | | |
|-------|----------------------------------|-----|---|----|----------|----------|----|
| 6436R | Tablet 1 mg | 200 | 5 | .. | *1493.18 | Rapamune | PF |
| 6437T | Oral solution 1 mg per mL, 60 mL | 2 | 5 | .. | *979.96 | Rapamune | PF |
| 6457W | Tablet 2 mg | 200 | 5 | .. | *2939.86 | Rapamune | PF |
| 9748C | Tablet 0.5 mg | 200 | 5 | .. | *758.80 | 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.

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 | |
| | | | | | \$ | \$ | |

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.

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.

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 \$ | |

(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 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.

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 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.

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

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 \$ | |

(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.

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 | .. | .. | 1676.52 | Humira | VE |
|-------|--|---|----|----|---------|--------|----|

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 \$ | |
| 9679K | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | .. | .. | 1676.52 | Humira VE |
| 9680L | Injection 40 mg in 0.8 mL pre-filled pen | 2 | .. | .. | 1676.52 | Humira VE |

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 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

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 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.

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.

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 | |
| | | | | | \$ | \$ | |

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.

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.

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 | \$ | |

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 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 | .. | .. | 854.12 | Enbrel | PF |
|-------|--|---|----|----|--------|--------|----|

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 | |
| | | | | | \$ | \$ | |

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 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

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 \$ | |

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.

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,

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 \$ | |

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
- (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.

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.

| | | | | | | | |
|-------|--|---|----|----|---------|--------|----|
| 9615C | Injections 50 mg in 1 mL single use pre-filled syringes, 4 | 1 | .. | .. | 1676.53 | Enbrel | PF |
| 9641K | Injection 50 mg in 1 mL single use auto-injector, 4 | 1 | .. | .. | 1676.53 | 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) 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.

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 |
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| | | | | | Price for Max. Qty \$ | |

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.

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

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|------|---|-------------|----------------|---------------|------------------------|----|-----------------------------|
| | | | | | Max. Qty | \$ | |

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 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:

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| | | | | | Price for Max. Qty \$ | |

- (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 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:

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium \$ | Dispensed | Brand Name and Manufacturer |
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| | | | | | Price for Max. Qty \$ | |

- (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].

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 | .. | .. | 788.29 | 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.

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 |
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| | | | | | Price for Max. Qty | \$ | |

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.

(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

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| | | | | | Price for Max. Qty | Max. Qty | |

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.

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 |
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| | | | | | \$ | \$ | |

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:

- 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:

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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for Max. Qty | \$ | |

- (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 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;

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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|------|---|-------------|----------------|---------------|------------------------|----|-----------------------------|
| | | | | | Max. Qty | \$ | |

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.

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 | .. | .. | 788.29 | 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 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.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for Max. Qty | \$ | |

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 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

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|------|---|-------------|----------------|---------------|------------------------|----|-----------------------------|
| | | | | | Max. Qty | \$ | |

- (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 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,

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| | | | | | Price for Max. Qty \$ | |

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, 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

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 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

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|------|---|-------------|----------------|---------------|------------------------|----|-----------------------------|
| | | | | | Max. Qty | \$ | |

(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 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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|-------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |
| 6496X | Powder for I.V. infusion 100 mg | 1 | .. | .. | 788.29 | 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 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.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or

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| | | | | | Price for Max. Qty | \$ | |

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 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.

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|------|---|-------------|----------------|---------------|-----------------------|----------|-----------------------------|
| | | | | | Price for Max. Qty | Max. Qty | |

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.

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:

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| | | | | | Price for Max. Qty | \$ | |

(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 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.

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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for Max. Qty | \$ | |

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.

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

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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:

- (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

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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).

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

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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)].

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

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(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 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

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(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 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.

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(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 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.

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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.

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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 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

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 |
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| | | | | | Price for Max. Qty | \$ | |

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 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

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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 |
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| | | | | | Max. Qty | \$ | |

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 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:

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| | | | | | Price for Max. Qty | Max. Qty | |

- (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 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

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| | | | | | Max. Qty | \$ | |

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).

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.

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| 9612X | Powder for I.V. infusion 100 mg | 1 | .. | .. | 788.29 | 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 (Private Hospital)

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium \$ | Dispensed Price for | Brand Name and Manufacturer |
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| | | | | | Max. Qty \$ | |

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.

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 |
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| | | | | | Price for Max. Qty \$ | |

(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.

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.

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 |
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| | | | | | 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)].

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 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

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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 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

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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.

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 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.

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).

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| 9674E | Powder for I.V. infusion 100 mg | 1 | .. | .. | 788.29 | 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 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

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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 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.

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| | | | | | Max. Qty | \$ | |

(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.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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| | | | | | Price for Max. Qty | \$ | |

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 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 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.

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.

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| | | | | | Max. Qty | \$ | |

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.

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

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| | | | | | Price for Max. Qty | Max. Qty | |

(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 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

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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 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.

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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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| 9617E | Powder for I.V. infusion 100 mg | 1 | .. | .. | 788.29 | Remicade | JC |
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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.

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| | | | | | Max. Qty | \$ | |

(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

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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 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

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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(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.

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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 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.

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 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 | .. | .. | 200.88 | Actemra | RO |
| 9672C | Concentrate for injection 200 mg in 10 mL | 1 | .. | .. | 492.41 | Actemra | RO |
| 9673D | Concentrate for injection 400 mg in 20 mL | 1 | .. | .. | 978.30 | Actemra | RO |

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 PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show a response to therapy, and
- fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to respond to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to receive further PBS-subsidised tocilizumab therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was stopped to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A patient who was receiving PBS-subsidised tocilizumab treatment immediately prior to 1 May 2012 is considered to be in their first cycle as of 1 May 2012. A patient who has had a break in tocilizumab treatment of at least 12 months immediately prior to making a new application, on or after 1 May 2012, will commence a new treatment cycle.

A patient who has failed their first course of tocilizumab in a treatment cycle and who has a break in therapy of less than 12 months may commence a second course of treatment within the same treatment cycle.

A patient who has failed their first course of tocilizumab in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.

(1) How to prescribe PBS-subsidised tocilizumab therapy after 1 May 2012.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised tocilizumab treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with tocilizumab following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or

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 \$ | |

(iii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain a response and the treating physician wishes to trial a second course (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 tocilizumab for that course.

For second and subsequent courses of PBS-subsidised tocilizumab, 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 tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with tocilizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab 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 tocilizumab 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 tocilizumab.

(2) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count) or the prior therapy requirements, except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.

Where a patient is deemed to have failed to respond or to sustain a response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Medicare Australia will assess response according to these revised baseline measurements. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used by Medicare Australia to assess response to the second course.

(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 tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with tocilizumab.

A patient who commenced treatment with tocilizumab for severe active systemic juvenile idiopathic arthritis prior to 1 November 2011 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 tocilizumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with tocilizumab 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 tocilizumab 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 and recommencing patients after a break of more than 12 months)

Initial treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years who:

- (a) has been diagnosed with systemic juvenile idiopathic arthritis; AND
- (b) has polyarticular course disease and either:
 - (i) failure to achieve an adequate response to the following treatment regimen (see (1) below for definition of failure to achieve an adequate response):
 - oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids for a minimum of 3 months; or
 - (ii) severe intolerance of, or toxicity due to, methotrexate (see (2) below for definition of severe intolerance and toxicity); OR
 - (c) has refractory systemic symptoms, demonstrated by:
 - an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy; AND
 - (d) has not received PBS-subsidised treatment with tocilizumab for this condition in the previous 12 months.

(1) The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy and must be demonstrated in all patients at the time of the initial application:

- (a) in a patient with polyarticular course disease:
 - (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).
- (b) in a patient with refractory systemic symptoms:
 - (i) an active joint count of at least 2 active joints; AND
 - (ii) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; AND/OR
 - (iii) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

(2) Severe intolerance to methotrexate 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 to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonia, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments 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 baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be provided for all subsequent continuing treatment applications.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
 - (ii) details of prior treatment including dose and duration of treatment;
 - (iii) pathology reports detailing CRP and platelet count where appropriate; and
- (3) a signed patient or authorised guardian acknowledgement form.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 1 month old at the time of application.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of 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).

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 | \$ | |

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 tocilizumab.

If a patient fails to respond to 2 courses of treatment in a treatment cycle they will not be eligible to receive further PBS-subsidised tocilizumab therapy in that treatment cycle. A patient may re-trial tocilizumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised treatment was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 2 (retrial or recommencement of treatment after a break of less than 12 months)

Initial PBS-subsidised treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient who:

- (a) has a documented history of systemic juvenile idiopathic arthritis; AND
- (b) has received PBS-subsidised treatment with tocilizumab for this condition in the previous 12 months; AND
- (c) has not failed PBS-subsidised therapy with tocilizumab for this condition more than once in the current treatment cycle.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) pathology reports detailing CRP and platelet count where appropriate.

Applications for a patient who has received PBS-subsidised treatment with tocilizumab 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 tocilizumab 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 must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month supply). A separate authority prescription form must be completed for each strength requested. 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 tocilizumab 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).

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 tocilizumab.

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 course of tocilizumab.

If a patient fails to respond to 2 courses of treatment they will not be eligible to receive further PBS-subsidised tocilizumab therapy in this treatment cycle. A patient may re-trial tocilizumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised treatment was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 3 ('grandfather' patients)

Initial treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient who:

- (a) has a documented history of systemic juvenile idiopathic arthritis; and
- (b) was receiving treatment with tocilizumab prior 1 November 2011; and
- (c) has demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with tocilizumab; and
- (d) is receiving treatment with tocilizumab at the time of application.

To ensure consistency in determining response, the same indices of disease severity used to establish the baseline must be provided for all subsequent continuing treatment applications.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) pathology reports detailing CRP and platelet count where appropriate; and
 - (3) a signed patient or authorised guardian acknowledgement form.

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 | \$ | |

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 1 month old at the time of application.

The baseline systemic juvenile idiopathic arthritis assessment must be provided and must be from immediately prior to commencing treatment with tocilizumab. (See NOTE (3) above for definition of baseline measurements to determine response.)

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 tocilizumab.

Patients are eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one months supply). A separate authority prescription form must be completed for each strength requested. 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).

A patient may only qualify for PBS-subsidised treatment under this restriction once.

Authority required

Continuing treatment

Continuing treatment with tocilizumab, by a rheumatologist or under the supervision of a paediatric rheumatology treatment centre, of a patient who:

- (a) has a documented history of systemic juvenile idiopathic arthritis; AND
- (b) has demonstrated an adequate response to treatment with tocilizumab.

An adequate response to treatment is defined as:

- (a) in a patient with polyarticular course disease:
 - (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).
- (b) in a patient with refractory systemic symptoms:
 - (i) absence of fever greater than 38 degrees Celsius in the preceding seven days; AND/OR
 - (ii) a reduction in the CRP level and platelet count by at least 30% from baseline; AND/OR
 - (iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); 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)] which includes the following:
 - (i) baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 1 month old at the time of application.

Where the most recent course of PBS-subsidised tocilizumab treatment was approved under the Initial treatment restriction, 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 tocilizumab 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.

Patients are eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of initial 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

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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|------|---|-------------|----------------|---------------|-----------------------------|-----------------------------|
| | | | | | Price for Max. Qty \$ | |

Monday to Friday).

If a patient fails to respond to 2 courses of treatment they will not be eligible to receive further PBS-subsidised tocilizumab therapy in this treatment cycle. A patient may re-trial tocilizumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised treatment was stopped and the date of the first application under a new treatment cycle.

Note

Special Pricing Arrangements apply.

| | | | | | | | |
|-------|---|---|----|----|--------|---------|----|
| 1419Q | Concentrate for injection 80 mg in 4 mL | 1 | .. | .. | 200.88 | Actemra | RO |
| 1423X | Concentrate for injection 200 mg in 10 mL | 1 | .. | .. | 492.41 | Actemra | RO |
| 1464C | Concentrate for injection 400 mg in 20 mL | 1 | .. | .. | 978.30 | 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 | .. | .. | 64.62 | Sandimmun | NV |
|-------|--|----|----|----|-------|-----------|----|

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 | .. | *1309.68 | Neoral | NV |
| 6232B | Capsule 10 mg | 120 | 5 | .. | *84.92 | Neoral 10 | NV |
| 6352H | Capsule 25 mg | 120 | 5 | .. | *166.24 | ^a Cyclosporin Sandoz | SZ |
| | | | | | | ^a Neoral 25 | NV |
| 6353J | Capsule 50 mg | 120 | 5 | .. | *338.84 | ^a Cyclosporin Sandoz | SZ |
| | | | | | | ^a Neoral 50 | NV |
| 6354K | Capsule 100 mg | 120 | 5 | .. | *683.64 | ^a Cyclosporin Sandoz | SZ |
| | | | | | | ^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 | .. | *688.42 | ^a Prograf | JC |
| | | | | | | ^a Tacrolimus Sandoz | SZ |
| 6217F | Capsule 5 mg | 100 | 5 | .. | *1684.90 | ^a Prograf | JC |
| | | | | | | ^a Tacrolimus Sandoz | SZ |
| 6328C | Capsule 0.5 mg | 200 | 5 | .. | *347.48 | ^a Prograf | JC |

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 |
|-------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |
| | | | | | ^a | Tacrolimus Sandoz SZ |
| 9681M | Capsule 0.5 mg (once daily prolonged release) | 60 | 5 | .. | *108.88 | Prograf XL JC |
| 9682N | Capsule 1 mg (once daily prolonged release) | 120 | 5 | .. | *415.66 | Prograf XL JC |
| 9683P | Capsule 5 mg (once daily prolonged release) | 60 | 5 | .. | *1029.40 | 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:

- (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

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 \$ | |

(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.

| | | | | | | | |
|-------|---------------|----|----|----|---------|----------|----|
| 9642L | Capsule 5 mg | 21 | .. | .. | 5438.90 | Revlimid | CJ |
| 9643M | Capsule 10 mg | 21 | .. | .. | 5689.85 | Revlimid | CJ |
| 9644N | Capsule 15 mg | 21 | .. | .. | 6628.13 | Revlimid | CJ |
| 9645P | Capsule 25 mg | 21 | .. | .. | 6980.72 | 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;

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

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:

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 | \$ | |

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.

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 | |
| | | | | | \$ | \$ | |

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
 - 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).

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 \$ | |

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.

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.

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 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.

| | | | | | | | |
|-------|--|---|----|----|---------|----------|----|
| 9611W | Solution for I.V. infusion 500 mg in 50 mL | 1 | .. | .. | 2310.09 | Mabthera | RO |
|-------|--|---|----|----|---------|----------|----|

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 | .. | .. | *1726.52 | Thalomid | CJ |
| 9684Q | Capsule 100 mg | 56 | .. | .. | *1726.52 | Thalomid | CJ |

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 \$ | |

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 | .. | .. | *1530.22 | Lioresal Intrathecal | NV |
|-------|-------------------------------------|----|----|----|----------|----------------------|----|

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 | .. | *224.84 ^a | Pamisol | HH |
| 6290C | Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL | 1 | 2 | .. | 224.83 ^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 | .. | 224.83 ^a | Aredia 30 mg | NV |
| 6287X | Concentrated injection 30 mg in 10 mL | 2 | 2 | .. | *224.84 ^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 | .. | 224.82 | Pamisol | HH |
|-------|---------------------------------------|---|---|----|--------|---------|----|

DISODIUM PAMIDRONATE

Authority required

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

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> | | | | | | |
| 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 | .. | 333.96 ^a | Aredia 90 mg NV |
| 6289B | Concentrated injection 90 mg in 10 mL | 1 | 11 | .. | 333.96 ^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 | .. | 361.53 | Bondronat HH |
| 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 |

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 \$ | |

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 | .. | *11582.52 | Duodopa | VE |
|-------|--|----|---|----|-----------|---------|----|

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 | .. | .. | 88.38 | Apomine | HH |
| 9640J | Injection 50 mg in 5 mL | 5 | .. | .. | 208.96 | Apomine | HH |
| 9647R | Solution for subcutaneous infusion 50 mg in 10 mL pre-filled syringe | 5 | .. | .. | 208.96 | 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 | .. | .. | 60.51 | ^a Clopine 25 | HH |
| | | | | | | ^a Clozaril 25 | NV |
| 6102E | Tablet 100 mg | 100 | .. | .. | 201.48 | ^a Clopine 100 | HH |
| | | | | | | ^a Clozaril 100 | NV |
| 6417R | Tablet 50 mg | 100 | .. | .. | 110.51 | Clopine 50 | HH |
| 6418T | Tablet 200 mg | 100 | .. | .. | 396.46 | Clopine 200 | HH |
| 9632Y | Oral liquid 50 mg per mL, 100 mL | 1 | .. | .. | 146.92 | Clopine Suspension | HH |

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 \$ | |

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.

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 | \$ | |

(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 (Private Hospital)

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|------|---|-------------|----------------|---------------|-----------------------|----------|-----------------------------|
| | | | | | Price for Max. Qty | 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.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for 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

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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|------|---|-------------|----------------|---------------|-----------------------|----|-----------------------------|
| | | | | | Price for Max. Qty | \$ | |

(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 | .. | .. | 448.52 | Xolair | NV |
|-------|--|---|----|----|--------|--------|----|

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;

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 \$ | |

- (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

Dornase alfa is not PBS-subsidised for use in combination with PBS-subsidised mannitol.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

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

Dornase alfa is not PBS-subsidised for use in combination with PBS-subsidised mannitol.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

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

Dornase alfa is not PBS-subsidised for use in combination with PBS-subsidised mannitol.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

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

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

Dornase alfa is not PBS-subsidised for use in combination with PBS-subsidised mannitol.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

| | | | | | | | |
|-------|--|----|---|----|----------|-----------|----|
| 6120D | Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL | 60 | 5 | .. | *2406.52 | Pulmozyme | RO |
|-------|--|----|---|----|----------|-----------|----|

MANNITOL

Authority required

Treatment of cystic fibrosis in a patient who satisfies all of the following criteria:

- (1) Prior to mannitol therapy, the patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved PI mannitol initiation dose assessment. If the patient has a negative hyperresponsiveness test they may be eligible for PBS subsidised treatment with mannitol;
- (2) Is 6 years of age or older;
- (3) Has a FEV1 greater than 30% predicted for age, gender and height;
- (4) Is intolerant or inadequately responsive to dornase alfa;
- (5) Has 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);
- (6) Is participating in a 4 week trial, as detailed below, or has achieved a 10% or greater improvement in FEV1 (compared to baseline established prior to mannitol 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 mannitol therapy 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 mannitol 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 mannitol at a dose of 400 mg twice 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 mannitol treatment) are eligible for continued subsidy under the HSD program at a dose of 400mg twice daily;
- (6) Patients who fail to meet a 10% or greater improvement in FEV1 after the initial 4 weeks' treatment at a dose of 400 mg twice 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 mannitol powder for inhalation treatment is continuing to produce worthwhile benefits. (Mannitol 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 mannitol 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

Mannitol is not PBS-subsidised for use in combination with PBS-subsidised dornase alfa.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

Authority required

Grandfather — for patients who initiated mannitol treatment prior to 1 August 2012

Continuation of treatment of cystic fibrosis in a patient 6 years of age or older, who initiated treatment with mannitol prior to 1 August 2012 and for whom a comprehensive assessment, involving the patient's family, the treating physician and an additional independent member of the cystic fibrosis team, documents agreement that mannitol treatment is continuing to produce worthwhile benefit. Further reassessments are to be undertaken and documented yearly. Treatment with mannitol should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.

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

Mannitol is not PBS-subsidised for use in combination with PBS-subsidised dornase alfa.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

| | | | | | | | |
|-------|---|---|---|----|----------|------------|----|
| 2008Q | Pack containing 280 capsules containing powder for inhalation 40 mg and 2 inhalers | 4 | 5 | .. | *1782.52 | bronchitol | XA |
|-------|---|---|---|----|----------|------------|----|

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 \$ | |

Sensory organs

| |
|-------------------|
| Ophthalmologicals |
|-------------------|

Antiinfectives
Antivirals

GANCICLOVIR

Authority required

Cytomegalovirus retinitis in severely immunocompromised patients.

| | | | | | | | |
|-------|-----------------------------|---|----|----|---------|-----------|----|
| 6256G | Intravitreal implant 4.5 mg | 1 | .. | .. | 6046.52 | Vitrasert | BU |
|-------|-----------------------------|---|----|----|---------|-----------|----|

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 \$ | |

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 | .. | *1448.02 | Exjade | NV |
| 6500D | Tablet 250 mg (dispersible) | 168 | 5 | .. | *2849.44 | Exjade | NV |
| 9600G | Tablet 500 mg (dispersible) | 168 | 5 | .. | *5652.34 | 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 | .. | *2749.90 | Ferriprox | OA |
| 9638G | Oral solution 100 mg per mL, 250 mL | 5 | 5 | .. | *1172.92 | Ferriprox | OA |

DEFERRIOXAMINE MESYLATE

Authority required

Disorders of erythropoiesis associated with treatment-related chronic iron overload.

| | | | | | | | |
|-------|-----------------------------|-----|---|---------------------|----------|----------------------------------|----|
| 6113R | Powder for injection 500 mg | 400 | 5 | .. | *3772.12 | ^a Hospira Pty Limited | HH |
| | | | | ^B 308.80 | *4080.92 | ^a Desferal 500 mg | NV |
| 6270B | Powder for injection 2 g | 60 | 5 | .. | *2281.72 | ^a Hospira Pty Limited | HH |
| | | | | ^B 22.80 | *2304.52 | ^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 | .. | *551.00 | Fosrenol | ZI |
| 9636E | Tablet, chewable, 750 mg (as carbonate hydrate) | 180 | 5 | .. | *828.70 | Fosrenol | ZI |
| 9637F | Tablet, chewable, 1000 mg (as carbonate hydrate) | 180 | 5 | .. | *932.14 | 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.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

| | | | | | Dispensed Price for Max. Qty \$ | | |
|---|---|-------------|----------------|---------------|--|-----------------------------|----|
| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium \$ | | Brand Name and Manufacturer | |
| <u>Note</u> | | | | | | | |
| Not to be used in combination with lanthanum. | | | | | | | |
| 9620H | Tablet 800 mg | 360 | 5 | .. | *651.32 | Renagel | GZ |

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 | \$ | |

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)

| 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.

| | | | | | | | |
|-------|---------------------------|----|---|----|---------|----------|----|
| 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 | Brand Name and Manufacturer |
|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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

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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,

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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).

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.

Authority approval will not be given for doses of higher than 10 micrograms/kg/week.

Note

Special Pricing Arrangements apply.

| | | | | | | | |
|-------|---|---|----|----|---------|--------|----|
| 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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| | | | | | \$ | | |
| 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 |

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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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| | | | | | 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 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 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 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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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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

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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| | | | | | Max. Qty \$ | |

(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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| | | | | | Max. Qty \$ | |

(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 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 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 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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| | | | | | 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 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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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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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| | | | | | Max. Qty \$ | |

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.

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 \$ | |

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 (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

5. Definition of response to a PAH agent or prior vasodilator treatment.

For 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 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 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 (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 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 (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>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 | .. | .. | 39.62 | Flolan Kit GK |
| 5035B | Powder for I.V. infusion 1.5 mg (base) infusion administration set | 1 | .. | .. | 79.23 | 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 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 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 patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or

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| | | | | | Max. Qty \$ | |

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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| | | | | | 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 (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 |
|------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |

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 |
|-------|--|----|----|----|---------|----------|----|

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 (Public Hospital)

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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 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 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 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.

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 | \$ | |

(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

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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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).

| | | | | | | | |
|-------|---------------------|----|----|----|--------|---------|----|
| 9547L | Tablet 20 mg (base) | 90 | .. | .. | 898.43 | Revatio | 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
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

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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| | | | | | Max. Qty \$ | |

(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 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 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 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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| | | | | | 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 |
|-------|---|---|----|----|----------|---------------|----|

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)

| | | | | | Dispensed Price for Max. Qty | | | |
|-------|---|----------|-------------|------------|------------------------------|-----------------------------|---------------------|----|
| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium \$ | \$ | 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 | GQ |
| | | | | | | ^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 | GQ |
| | | | | | | ^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 | GQ |
| | | | | | | ^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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|------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |

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 |

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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 |
|-------|------------------------------|----|---|----|---------|-----------|----|

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 |
|-------|----------------|-----|---|----|---------|-----------|----|

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 |
|-------|---|---|---|----|----------|---------|----|

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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|--|---|-------------|----------------|---------------|--|----------------------------------|
| 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 |
|-------|------------------------------------|---|---|----|---------|----------|----|

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 |
|-------|-------------------------------|-----|---|----|----------|----------|----|

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 \$ | | |
| 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 |
| 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 | VE |
| 9660K | Tablet 100 mg | 720 | 5 | .. | *982.80 | Norvir | VE |
| 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 |
|-------|----------------|-----|---|----|----------|---------|----|

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 |
| 5602W | Oral solution 20 mg (as sulfate) per mL, 240 mL | 8 | 5 | .. | *657.12 | Ziagen | VI |

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 |
|-------|--------------|----|---|----|----------|---------|----|

DIDANOSINE

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.

| | | | | | | | |
|-------|---|----|---|----|---------|----------|----|
| 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 |

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 \$ | |

EMTRICITABINE

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.

| | | | | | | | |
|-------|----------------|----|---|----|---------|---------|----|
| 5709L | Capsule 200 mg | 60 | 5 | .. | *564.00 | Emtriva | GI |
|-------|----------------|----|---|----|---------|---------|----|

ENTECAVIR MONOHYDRATE

Authority required (STREAMLINED)

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.

Note

PBS-subsidised entecavir monohydrate must be used as monotherapy.

| | | | | | | | |
|-------|---------------|----|---|----|---------|-----------|----|
| 5711N | Tablet 0.5 mg | 60 | 5 | .. | *768.60 | Baraclude | BQ |
|-------|---------------|----|---|----|---------|-----------|----|

ENTECAVIR MONOHYDRATE

Authority required (STREAMLINED)

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.

Note

PBS-subsidised entecavir monohydrate must be used as monotherapy.

| | | | | | | | |
|-------|-------------|----|---|----|----------|-----------|----|
| 5712P | Tablet 1 mg | 60 | 5 | .. | *1250.00 | Baraclude | BQ |
|-------|-------------|----|---|----|----------|-----------|----|

LAMIVUDINE

Authority required (STREAMLINED)

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.

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 | |
|-------|---|-------------|----------------|---------------|--|-----------------------------|----|
| 5770Q | Tablet 100 mg | 56 | 5 | .. | *250.94 | ^a Zeffix | GK |
| | | | | | | ^a Zetlam | AF |
| 5771R | Oral solution 5 mg per mL, 240 mL | 5 | 5 | .. | *293.60 | 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 | .. | *473.78 | ^a 3TC | VI |
| | | | | | | ^a Alphapharm | AF |
| | | | | | | ^a Lamivudine | |
| | | | | | | ^a Lamivudine RBX | RA |
| 5773W | Oral solution 10 mg per mL, 240 mL | 8 | 5 | .. | *581.12 | 3TC | VI |
| 5774X | Tablet 300 mg | 60 | 5 | .. | *473.78 | ^a 3TC | VI |
| | | | | | | ^a Alphapharm | AF |
| | | | | | | ^a Lamivudine | |
| | | | | | | ^a Lamivudine RBX | RA |

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.

| | | | | | | | |
|-------|---------------|----|---|----|---------|--------|----|
| 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;

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 \$ | |

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 |
|-------|--|----|---|----|---------|--------|----|

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 |

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 |

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 | |
|-------|---|-------------|----------------|---------------|--|-----------------------------|----|
| 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 |
|-------|---------------|-----|---|----|----------|-----------|----|

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 |
|-------|----------------------------------|----|---|----|---------|-------------|----|

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 |
|-------|---------------------------------|----|---|----|---------|---------|----|

Antivirals for treatment of HIV infections, combinations

ABACAVIR with LAMIVUDINE

Authority required (STREAMLINED)

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 | .. | *1037.78 | Kivexa | VI |
|-------|---|----|---|----|----------|--------|----|

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 \$ | | |

3986

Continuing treatment of HIV infection where the patient has previously received PBS-subsidised therapy for HIV infection.

| | | | | | | | |
|-------|---|----|---|----|----------|----------|----|
| 1491L | Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg and rilpivirine 25 mg (as hydrochloride) | 60 | 5 | .. | *2073.36 | Eviplera | GI |
|-------|---|----|---|----|----------|----------|----|

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 |
|-------|---|---|---|----|----------|--------|----|

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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|------|---|-------------|----------------|---------------|------------------------|----|-----------------------------|
| | | | | | 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 |
|-------|-----------------------------|----|---|----|----------|--------|----|

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).

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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.

| | | | | | | | |
|-------|-----------------------------|----|---|----|----------|--------|----|
| 9598E | Powder for injection 100 mg | 14 | 5 | .. | *7700.00 | Vidaza | CJ |
|-------|-----------------------------|----|---|----|----------|--------|----|

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 |
| | | | | | | Lipodox | ZF |

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

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|--|--|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |
| 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; | | | | | | |
| 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 |

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| | | | | | Price for Max. Qty \$ | | |
| 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 |
| 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 |

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|--|---|-------------|----------------|---------------|------------------------|----------|-----------------------------|
| | | | | | Max. Qty | \$ | |
| PEGFILGRASTIM | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 3357 | | | | | | | |
| For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia; | | | | | | | |
| 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.

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|--|---|-------------|----------------|---------------|-----------------------------|-----------------------------|----|
| | | | | | Price for Max. Qty \$ | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 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. | | | | | | | |
| 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 | | | | | | | |
| <u>Caution</u> | | | | | | | |
| 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. | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 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 | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | |
| 3385 | | | | | | | |
| Treatment of chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agent | | | | | | | |
| 5769P | Injection 2,000,000 i.u. in 0.5 mL | 12 | 11 | .. | *2721.80 | Imukin | BY |

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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 (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).

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| | | | | | Max. Qty \$ | |

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.

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

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| | | | | | Max. Qty \$ | |

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.

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.

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| | | | | | Max. Qty \$ | |

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.

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.

| | | | | | | | |
|-------|---|---|---|----|----------|----------|----|
| 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:

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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 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.

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| | | | | | Max. Qty \$ | |

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.

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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].

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;

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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.

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

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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.

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 |
|-------|---------------------------------|---|----|----|--------|---------|----|

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 |

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|-------|---|-------------|----------------|---------------|-----------------------------|-----------------------------|----|
| | | | | | Price for Max. Qty \$ | | |
| 5740D | Tablet 0.75 mg | 240 | 5 | .. | *2883.60 | Certican | NV |

MYCOPHENOLATE MOFETIL

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.

Note

For item codes 9501C and 1839T, pharmaceutical benefits that have the form capsule 250 mg are equivalent for the purposes of substitution.

| | | | | | | | |
|-------|----------------|-----|---|----|---------|--|----------|
| 1839T | Capsule 250 mg | 600 | 5 | .. | *933.60 | ^a Ceptolate | AF |
| 9501C | Capsule 250 mg | 600 | 5 | .. | *933.54 | ^a APO- Mycophenolate CellCept | TX RO |
| | | | | | | ^a Imulate | QA |
| | | | | | | ^a Mycophenolate Sandoz | SZ |
| | | | | | | ^a Pharmacor Mycophenolate 250 | CR |

MYCOPHENOLATE MOFETIL

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.

| | | | | | | | |
|-------|---|-----|---|----|---------|--|----------|
| 9500B | Powder for oral suspension 1 g per 5 mL, 165 mL | 2 | 5 | .. | *489.02 | CellCept | RO |
| 9502D | Tablet 500 mg | 300 | 5 | .. | *933.54 | ^a APO- Mycophenolate CellCept | TX RO |
| | | | | | | ^a Ceptolate | AF |
| | | | | | | ^a Imulate | QA |
| | | | | | | ^a Mycophenolate Sandoz | SZ |
| | | | | | | ^a Pharmacor Mycophenolate 500 | CR |

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 |

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 |
|-------|--|---|---|----|---------|---------|----|

SIROLIMUS

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.

| | | | | | | | |
|-------|----------------------------------|-----|---|----|----------|----------|----|
| 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

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| | | | | | Max. Qty \$ | |

— 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.

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.

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 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

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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.

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-

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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.

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).

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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|---|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |
| <p>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.</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. 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.</p> | | | | | | |
| 9661L | Injection 20 mg in 0.4 mL pre-filled syringe | 2 | .. | .. | 1630.00 | Humira VE |
| 9662M | Injection 40 mg in 0.8 mL pre-filled syringe | 2 | .. | .. | 1630.00 | Humira VE |
| 9663N | Injection 40 mg in 0.8 mL pre-filled pen | 2 | .. | .. | 1630.00 | Humira VE |

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 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

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| | | | | | Max. Qty \$ | |

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.

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.

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| | | | | | Max. Qty \$ | |

'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 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.

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| | | | | | Max. Qty \$ | |

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 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

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| | | | | | Max. Qty \$ | |
| 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 |

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 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).

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|------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |

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 therapy' above for further details.

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 \$ | |

(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
- (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.

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.

| | | | | | | | |
|-------|--|---|----|----|---------|--------|----|
| 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) alfa antagonist' appears in the

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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 \$ | |

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.

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 (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 \$ | |

Once initial treatment with the first PBS-subsidised TNF- α antagonist is approved, a patient may swap to an alternate TNF- α 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- 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 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- 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 BASDAI, ESR and/or CRP 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.

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- 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 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.

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| | | | | | \$ | |

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 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

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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 |
|------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |

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].

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.

| | | | | | | | |
|-------|---------------------------------|---|----|----|--------|----------|----|
| 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

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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 |
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| | | | | | Max. Qty \$ | |

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 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:

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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 \$ | |

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 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

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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:

- 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.

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| | | | | | Max. Qty \$ | |

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 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:

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- (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.

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

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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.

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.

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| | | | | | Max. Qty \$ | |

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 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

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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, 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:

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| | | | | | Max. Qty \$ | |

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 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.

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 |
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| | | | | | Max. Qty \$ | |

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 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.

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 \$ | |

(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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| 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:

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

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 |
|------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |

(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 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.

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 |
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| | | | | | Max. Qty \$ | |

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 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.

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 |
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| | | | | | Max. Qty \$ | |

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.

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.

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 |
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| | | | | | Max. Qty \$ | |

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 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

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(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.

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

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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:

- (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).

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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.

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

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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)].

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.

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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 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.

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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 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) 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

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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 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

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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 |
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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.

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| 5754W | 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 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

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| | | | | | Max. Qty \$ | |

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 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

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| | | | | | Max. Qty \$ | |

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 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:

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(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 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

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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).

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.

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| 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

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.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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| | | | | | Max. Qty \$ | |

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.

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.

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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 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

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(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 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

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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.

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 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.

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).

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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

;

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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 '(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

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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
- (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

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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 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.

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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.

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

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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 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:

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- (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 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.

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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). 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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| 5758C | Powder for I.V. infusion 100 mg | 1 | .. | .. | 751.70 | Remicade | JC |
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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

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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.

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

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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

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.

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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(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.

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 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:

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(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.

| | | | | | | | |
|-------|---|---|----|----|--------|---------|----|
| 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 |

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 PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show a response to therapy, and
- fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to respond to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to receive further PBS-subsidised tocilizumab therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was stopped to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A patient who was receiving PBS-subsidised tocilizumab treatment immediately prior to 1 May 2012 is considered to be in their first cycle as of 1 May 2012. A patient who has had a break in tocilizumab treatment of at least 12 months immediately prior to making a new application, on or after 1 May 2012, will commence a new treatment cycle.

A patient who has failed their first course of tocilizumab in a treatment cycle and who has a break in therapy of less than 12 months may commence a second course of treatment within the same treatment cycle.

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| | | | | | Max. Qty \$ | |

A patient who has failed their first course of tocilizumab in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.

(1) How to prescribe PBS-subsidised tocilizumab therapy after 1 May 2012.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised tocilizumab treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with tocilizumab following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain a response and the treating physician wishes to trial a second course (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 tocilizumab for that course.

For second and subsequent courses of PBS-subsidised tocilizumab, 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 tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with tocilizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab 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 tocilizumab 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 tocilizumab.

(2) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count) or the prior therapy requirements, except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.

Where a patient is deemed to have failed to respond or to sustain a response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Medicare Australia will assess response according to these revised baseline measurements. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used by Medicare Australia to assess response to the second course.

(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 tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with tocilizumab.

A patient who commenced treatment with tocilizumab for severe active systemic juvenile idiopathic arthritis prior to 1 November 2011 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 tocilizumab will be

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|------|---|-------------|----------------|---------------|------------------------------------|-----------------------------|
| | | | | | \$ | |

authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with tocilizumab 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 tocilizumab 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 and recommencing patients after a break of more than 12 months)

Initial treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years who:

- (a) has been diagnosed with systemic juvenile idiopathic arthritis; AND
- (b) has polyarticular course disease and either:
 - (i) failure to achieve an adequate response to the following treatment regimen (see (1) below for definition of failure to achieve an adequate response):
 - oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids for a minimum of 3 months; or
 - (ii) severe intolerance of, or toxicity due to, methotrexate (see (2) below for definition of severe intolerance and toxicity); OR
 - (c) has refractory systemic symptoms, demonstrated by:
 - an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy; AND
 - (d) has not received PBS-subsidised treatment with tocilizumab for this condition in the previous 12 months.

(1) The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy and must be demonstrated in all patients at the time of the initial application:

- (a) in a patient with polyarticular course disease:
 - (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).
- (b) in a patient with refractory systemic symptoms:
 - (i) an active joint count of at least 2 active joints; AND
 - (ii) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; AND/OR
 - (iii) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

(2) Severe intolerance to methotrexate 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 to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonia, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments 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 baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be provided for all subsequent continuing treatment applications.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
 - (ii) details of prior treatment including dose and duration of treatment;
 - (iii) pathology reports detailing CRP and platelet count where appropriate; and
- (3) a signed patient or authorised guardian acknowledgement form.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 1 month old at the time of application.

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| | | | | | Max. Qty \$ | |

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of 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 tocilizumab.

If a patient fails to respond to 2 courses of treatment in a treatment cycle they will not be eligible to receive further PBS-subsidised tocilizumab therapy in that treatment cycle. A patient may re-trial tocilizumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised treatment was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 2 (retrial or recommencement of treatment after a break of less than 12 months)

Initial PBS-subsidised treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient who:

- (a) has a documented history of systemic juvenile idiopathic arthritis; AND
- (b) has received PBS-subsidised treatment with tocilizumab for this condition in the previous 12 months; AND
- (c) has not failed PBS-subsidised therapy with tocilizumab for this condition more than once in the current treatment cycle.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) pathology reports detailing CRP and platelet count where appropriate.

Applications for a patient who has received PBS-subsidised treatment with tocilizumab 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 tocilizumab 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 must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month supply). A separate authority prescription form must be completed for each strength requested. 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 tocilizumab 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).

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 tocilizumab.

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 course of tocilizumab.

If a patient fails to respond to 2 courses of treatment they will not be eligible to receive further PBS-subsidised tocilizumab therapy in this treatment cycle. A patient may re-trial tocilizumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised treatment was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 3 ('grandfather' patients)

Initial treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient who:

- (a) has a documented history of systemic juvenile idiopathic arthritis; and
- (b) was receiving treatment with tocilizumab prior 1 November 2011; and
- (c) has demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with tocilizumab; and
- (d) is receiving treatment with tocilizumab at the time of application.

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| | | | | | Max. Qty \$ | |

To ensure consistency in determining response, the same indices of disease severity used to establish the baseline must be provided for all subsequent continuing treatment applications.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) pathology reports detailing CRP and platelet count where appropriate; and
 - (3) a signed patient or authorised guardian acknowledgement form.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 1 month old at the time of application.

The baseline systemic juvenile idiopathic arthritis assessment must be provided and must be from immediately prior to commencing treatment with tocilizumab. (See NOTE (3) above for definition of baseline measurements to determine response.)

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 tocilizumab.

Patients are eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one months supply). A separate authority prescription form must be completed for each strength requested. 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).

A patient may only qualify for PBS-subsidised treatment under this restriction once.

Authority required

Continuing treatment

Continuing treatment with tocilizumab, by a rheumatologist or under the supervision of a paediatric rheumatology treatment centre, of a patient who:

- (a) has a documented history of systemic juvenile idiopathic arthritis; AND
- (b) has demonstrated an adequate response to treatment with tocilizumab.

An adequate response to treatment is defined as:

- (a) in a patient with polyarticular course disease:
 - (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).
- (b) in a patient with refractory systemic symptoms:
 - (i) absence of fever greater than 38 degrees Celsius in the preceding seven days; AND/OR
 - (ii) a reduction in the CRP level and platelet count by at least 30% from baseline; AND/OR
 - (iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); 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)] which includes the following:
 - (i) baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 1 month old at the time of application.

Where the most recent course of PBS-subsidised tocilizumab treatment was approved under the Initial treatment restriction, 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 tocilizumab 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

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

ceased.

Patients are eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of initial 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).

If a patient fails to respond to 2 courses of treatment they will not be eligible to receive further PBS-subsidised tocilizumab therapy in this treatment cycle. A patient may re-trial tocilizumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised treatment was stopped and the date of the first application under a new treatment cycle.

Note

Special Pricing Arrangements apply.

| | | | | | | | |
|-------|---|---|----|----|--------|---------|----|
| 1476Q | Concentrate for injection 80 mg in 4 mL | 1 | .. | .. | 186.88 | Actemra | RO |
| 1481Y | Concentrate for injection 200 mg in 10 mL | 1 | .. | .. | 467.20 | Actemra | RO |
| 1482B | 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 Cyclosporin Sandoz | SZ |
| | | | | | | ^a Neoral 25 | NV |
| 5635N | Capsule 50 mg | 120 | 5 | .. | *319.52 | ^a Cyclosporin Sandoz | SZ |
| | | | | | | ^a Neoral 50 | NV |
| 5636P | Capsule 100 mg | 120 | 5 | .. | *651.08 | ^a Cyclosporin Sandoz | SZ |
| | | | | | | ^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 |
|-------|--|----|----|----|-------|-----------|----|

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 | |
|--|---|-------------|----------------|---------------|------------------------------------|--------------|-----------------------------|----|
| | | | | | | \$ | | |
| TACROLIMUS | | | | | | | | |
| <u>Caution</u> | | | | | | | | |
| Careful monitoring of patients is mandatory. | | | | | | | | |
| <u>Authority required (STREAMLINED)</u> | | | | | | | | |
| 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 |
| 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:

- (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.

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 \$ | |

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
- (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 |

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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|------|---|-------------|----------------|---------------|------------------------|----|-----------------------------|
| | | | | | Max. Qty | \$ | |

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).

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.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 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

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 (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.

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 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.

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 \$ | |

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 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 |
|-------|--|---|----|----|---------|----------|----|

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.

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 \$ | | |
| 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 | Brand Name and Manufacturer |
|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | Max. Qty \$ | |

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 |
|-------|-------------------------------------|----|----|----|----------|----------------------|----|

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 |
|-------|---------------------------------------|---|---|----|--------|---------|----|

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; | | | | | | |
| 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 (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 \$ | |

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 | VE |
|-------|--|----|---|----|-----------|---------|----|

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 | .. | .. | 99.99 | Clopine 50 | HH |
| 5627E | Tablet 200 mg | 100 | .. | .. | 374.94 | Clopine 200 | HH |
| 5628F | Tablet 25 mg | 100 | .. | .. | 49.99 | ^a Clopine 25 | HH |
| | | | | | | ^a Clozaril 25 | NV |
| 5629G | Tablet 100 mg | 100 | .. | .. | 187.46 | ^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 Price for | Brand Name and Manufacturer |
|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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.

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 \$ | |

(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)

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|------|---|-------------|----------------|---------------|------------------------|-----------------------------|
| | | | | | 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.

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 \$ | |

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

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 \$ | |

(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 |
|-------|--|---|----|----|--------|--------|----|

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 | \$ | |

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

Dornase alfa is not PBS-subsidised for use in combination with PBS-subsidised mannitol.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

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

Dornase alfa is not PBS-subsidised for use in combination with PBS-subsidised mannitol.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

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)

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 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

Dornase alfa is not PBS-subsidised for use in combination with PBS-subsidised mannitol.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

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

Dornase alfa is not PBS-subsidised for use in combination with PBS-subsidised mannitol.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

| | | | | | | | |
|-------|--|----|---|----|----------|-----------|----|
| 5704F | Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL | 60 | 5 | .. | *2360.00 | Pulmozyme | RO |
|-------|--|----|---|----|----------|-----------|----|

MANNITOL

Authority required (STREAMLINED)

4063

Treatment of cystic fibrosis in a patient who satisfies all of the following criteria:

- (1) Prior to mannitol therapy, the patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved PI mannitol initiation dose assessment. If the patient has a negative hyperresponsiveness test they may be eligible for PBS subsidised treatment with mannitol;
- (2) Is 6 years of age or older;
- (3) Has a FEV1 greater than 30% predicted for age, gender and height;
- (4) Is intolerant or inadequately responsive to dornase alfa;
- (5) Has 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);
- (6) Is participating in a 4 week trial, as detailed below, or has achieved a 10% or greater improvement in FEV1 (compared to baseline established prior to mannitol 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 mannitol therapy 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 mannitol 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 mannitol at a dose of 400 mg twice 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 mannitol treatment) are eligible for continued subsidy under the HSD program at a dose of 400mg twice daily;
- (6) Patients who fail to meet a 10% or greater improvement in FEV1 after the initial 4 weeks' treatment at a dose of 400 mg twice 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 mannitol powder for inhalation treatment is continuing to produce worthwhile benefits. (Mannitol 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 mannitol 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).

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

Mannitol is not PBS-subsidised for use in combination with PBS-subsidised dornase alfa.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

Authority required (STREAMLINED)

4064

Grandfather — for patients who initiated mannitol treatment prior to 1 August 2012

Continuation of treatment of cystic fibrosis in a patient 6 years of age or older, who initiated treatment with mannitol prior to 1 August 2012 and for whom a comprehensive assessment, involving the patient's family, the treating physician and an additional independent member of the cystic fibrosis team, documents agreement that mannitol treatment is continuing to produce worthwhile benefit. Further reassessments are to be undertaken and documented yearly. Treatment with mannitol should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.

Note

Mannitol is not PBS-subsidised for use in combination with PBS-subsidised dornase alfa.

It is highly desirable that all patients be included in the national cystic fibrosis patient database.

| | | | | | | | |
|-------|---|---|---|----|----------|------------|----|
| 2015C | Pack containing 280 capsules containing powder for inhalation 40 mg and 2 inhalers | 4 | 5 | .. | *1736.00 | bronchitol | XA |
|-------|---|---|---|----|----------|------------|----|

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 \$ | |

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 |
|-------|-----------------------------|---|----|----|---------|-----------|----|

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 \$ | | |

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 |
|-------|--|---|--------|-------|----|

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 manufacturer | | 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 manufacturer \$ | Brand Name and 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 | Brand Name and Manufacturer |
|------|---|-----------|--------------------|-----------------------------|
| | | | manufacturer \$ | |

CETRORELIX

Criteria for availability

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.

Note

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

Criteria for availability

Patients who are receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

Note

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.

Note

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

Criteria for availability

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.

Note

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

Criteria for availability

Patients who are receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

Note

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

Criteria for availability

Patients who are receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

Note

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 manufacturer | | Brand Name and 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 | \$0.81 |
| Other Items | 25 mL vial | \$0.32 |

(The 25 mL is the most commonly used size)

FEES:

| | |
|---|--------|
| Dispensing Fee for Ready Prepared Benefits | \$6.52 |
| Dangerous Drug Fee | \$2.71 |
| Additional Fee for Agreed Price Ready Prepared Benefits | \$1.11 |

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 |
| 1557Y | 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 |
| 1548L | AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE | 125 mL, 30 | 1@ 1030.64 | SB |
| 8328H | | 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 |
| 1923F | AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE | 130 mL, 30 | 1@ 772.99 | VF |
| 3443F | | 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 |
| 1909L | | 34 g, 30 | 1@ 511.90 | VF |
| 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 |

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

| Code | Name | Form/Strength | Pack and Price \$ | Manufacturer |
|-------|---|------------------------------------|----------------------|--------------|
| 8746H | | 250 mL | 18@ 261.37 | SB |
| 8804J | | 27.8 g, 30 | 1@ 514.34 | SB |
| 8846N | | 130 mL, 30 | 1@ 385.48 | VF |
| 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 |
| 1547K | AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE | 125 mL, 30 | 1@ 1030.64 | SB |
| 3078B | | 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 |
| 1546J | AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE | 125 mL, 30 | 1@ 1030.64 | SB |
| 1914R | | 34 g, 30 | 1@ 1021.93 | VF |
| 2375B | | 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 |
| 1521C | | 400 g | 1@ 43.77 | 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 |
| 1545H | AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS and MEDIUM CHAIN TRIGLYCERIDES | 400 g | 1@ 44.65 | SB |
| 5466Q | | 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 |

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| Code | Name | Form/Strength | Pack and Price \$ | | Manufacturer |
|-------|--|--------------------------------------|----------------------|--------|--------------------|
| 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 |
| 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 |
| 1610R | CALCIUM FOLINATE | equiv. to 50 mg folic acid in 5 mL | 10@ | 221.67 | PF |
| 8740B | | equiv. to 50 mg folic acid in 5 mL | 1@ | 27.93 | HH |
| 8812T | | equiv. to 100 mg folic acid in 10 mL | 1@ | 25.23 | SZ |
| 9041W | | equiv. to 300 mg folic acid in 30 mL | 1@ | 73.02 | HH, SZ |
| 1706T | CARBAMAZEPINE | 200 mg | 100@ | 12.77 | NV |
| 2422L | | 100 mg | 100@ | 7.52 | NV |
| 1724R | | 200 mg | 100@ | 12.77 | NV |
| 5039F | | 100 mg | 100@ | 7.52 | 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 | AQ |
| 5504Q | | 2 mg per g, 0.6 mL, 30 | 1@ | 9.89 | AQ |
| 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 | OE, HH, SZ |
| 8316Q | | 2 g | 1@ | 28.68 | BQ, OE, HH, SZ |
| 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, AE |
| 1784X | | 1 g | 1@ | 5.98 | RO, HH, SZ, PP, AE |
| 1785Y | | 2 g | 1@ | 10.62 | RO, HH, SZ, PP, AE |
| 1256D | CEPHAZOLIN | 500 mg | 5@ | 16.73 | HH, AE |
| 1797N | | 1 g | 5@ | 21.60 | HH, AE |
| 1799Q | | 1 g | 5@ | 21.60 | HH, AE |
| 5477G | | 500 mg | 5@ | 16.73 | HH, AE |
| 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 (equiv. 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 |

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|-------|--|--|----------------------|-------------------------------|
| 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 |
| 8658Q | | 25 mg | 30@ 45.41 | NV, SZ |
| 8659R | | 50 mg | 30@ 94.48 | NV, SZ |
| 8660T | | 100 mg | 30@ 184.01 | NV, SZ |
| 8661W | | 100 mg per mL, 50 mL | 1@ 353.12 | NV |
| 1270W | CYPROTERONE ACETATE | 50 mg | 50@ 80.45 | AF, GM, SY, GX, SZ, QA |
| 9164H | CYSTINE with CARBOHYDRATE | 4 g containing 500 mg cystine, 30 | 1@ 127.40 | VF |
| 9318K | DABIGATRAN ETEXILATE | 75 mg (as mesilate) | 10@ 19.56 | BY |
| 9319L | | 110 mg (as mesilate) | 10@ 19.56 | BY |
| 9322P | | 75 mg (as mesilate) | 10@ 19.56 | BY |
| 9323Q | | 110 mg (as mesilate) | 10@ 19.56 | 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 |

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|-------|------------------------------------|--------------------------------------|----------------------|---------|------------------------|
| 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 |
| 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 |
| | with MINERALS and VITAMIN C | | | | |
| 9385Y | ESSENTIAL AMINO ACIDS FORMULA | 12.5 g, 50 | 1@ | 377.52 | VF |
| | with VITAMINS and MINERALS | | | | |
| 1954W | ETANERCEPT | 25 mg and 1 mL solvent, 4 | 1@ | 911.29 | PF |
| 3445H | | 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 |
| 5407N | FENTANYL | | 30@ | 335.50 | OA |
| 5408P | | | 30@ | 335.50 | OA |
| 5409Q | | | 30@ | 335.50 | OA |
| 5410R | | | 30@ | 335.50 | OA |
| 5411T | | | 30@ | 335.50 | OA |
| 5412W | | | 30@ | 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, AF, 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 |
| 1810G | FRUSEMIDE | 20 mg | 50@ | 2.00 | 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 |

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|-------|---|--------------------------|----------------------|-------|--------------|
| 2890D | | Test strips, 50 | 1@ | 23.38 | NA |
| 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 |
| 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 |
| 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 |
| 1812J | GRANISETRON HYDROCHLORIDE | 3 mg (base) in 3 mL | 5@ | 91.62 | PK |
| 1814L | | 3 mg (base) in 3 mL | 5@ | 91.62 | PK |
| 8728J | | 2 mg (base) | 1@ | 26.28 | HH |
| 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 |

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|-------|---|--|----------------------|----------------|
| 1510L | | 100 mg with 2 mL solvent | 1@ 5.05 | PF |
| 1511M | | 250 mg with 2 mL solvent | 1@ 8.72 | PF |
| 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@ 87.06 | PF |
| 2448W | | 10 mg | 1@ 162.69 | 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 |

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|-------|--|------------------------------------|----------------------|---------------------------|
| 9436P | | 4 g containing 1 g isoleucine, 30 | 1@ 140.14 | VF |
| 2588F | ISOSORBIDE DINITRATE | 5 mg | 100@ 4.07 | QA |
| 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 | VE |
| 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 |
| 1818Q | 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 | 1@ 4.85 | BX |
| 1821W | | 500 mg in 100 mL | 10@ 37.54 | HH |
| 1832K | | 500 mg in 100 mL | 10@ 37.54 | HH |
| 5154G | | 500 mg in 100 mL | 1@ 4.85 | BX |
| 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 |
| 1836P | MYCOPHENOLATE MOFETIL | 250 mg | 50@ 87.00 | AF |
| 8649F | | 250 mg | 100@ 173.98 | RO, QA, TX, SZ, CR |
| 8650G | | 500 mg | 50@ 173.98 | RO, QA, TX, SZ, AF, CR |
| 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 |
| 2732T | NITRAZEPAM | 5 mg | 25@ 1.40 | AF |
| 5359C | | 5 mg | 25@ 1.40 | AF |
| 5360D | | 5 mg | 25@ 1.40 | AF |

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|-------|--|--|----------------------|--------|---------------------------|
| 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 |
| 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, SZ, TX, GQ, SW, FM |
| 8814X | | 665 mg (m.r.) | 96@ | 5.11 | GC |
| 5224Y | | 500 mg | 100@ | 1.90 | GM, SZ, 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, | 1@ | 6.59 | AO |

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|-------|---|---|----------------------|---------------------------|
| | | 20 | | |
| 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 0.8 mL, 28 | 1@ 13.83 | AQ |
| 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 |
| 1842Y | RISPERIDONE | 0.5 mg | 20@ 6.73 | JC, TX |
| 1846E | | 0.5 mg | 20@ 6.73 | JC, TX |
| 8780D | | 25 mg | 1@ 135.34 | JC |
| 8781E | | 37.5 mg | 1@ 173.51 | JC |
| 8782F | | 50 mg | 1@ 211.28 | JC |
| 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 |
| 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 |

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|-------|---|--|----------------------|--|
| 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 |
| 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 |
| 1880Y | 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, ON |
| 8820F | | 20 mg | 5@ 157.22 | MK, QA, WQ, ON |
| 8821G | | 100 mg | 5@ 670.94 | MK, QA, WQ, ON |
| 9361Q | | 140 mg | 5@ 916.44 | MK, QA, WQ, ON |
| 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 |
| 1938B | TRIGLYCERIDES—MEDIUM CHAIN, FORMULA | 400 g | 1@ 54.55 | VF |
| 8478F | | 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, FZ |
| 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 |

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|-------|--|---------------------|----------------------|--------|--------------------|
| 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 |
| 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 | 0.61 | 5.42 |
| Acacia, powdered | BP | 0.02 | 0.13 | 1.06 | 9.45 |
| Acetic Acid (6 per cent) | BP | 0.01 | 0.02 | 0.13 | 1.20 |
| Acetic Acid (33 per cent) | BP | 0.01 | 0.06 | 0.45 | 3.99 |
| Acetone (use as additive only) | BP | 0.01 | 0.10 | 0.78 | 6.97 |
| Alum | BP | 0.02 | 0.18 | 1.42 | 12.60 |
| Aluminium Acetate Solution | BP | 0.02 | 0.16 | 1.30 | 11.51 |
| Anise Water Concentrated 1 in 40 (use as additive only) | BP | 0.01 | 0.07 | 0.52 | 4.64 |
| Aqueous Cream (for use only as a base combined with active ingredients) | APF | 0.01 | 0.03 | 0.20 | 1.79 |
| Ascorbic Acid (for use only as an ingredient of ferrous sulfate mixtures) | BP | 0.13 | 1.03 | 8.25 | 73.37 |
| 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 | 0.33 | 2.62 | 23.31 |
| Benzoic Acid Compound Ointment | APF | 0.01 | 0.11 | 0.92 | 8.16 |
| Benzoic Acid Solution | BP | 0.01 | 0.10 | 0.80 | 7.12 |
| Benzoin Compound Tincture | BP | 0.03 | 0.25 | 1.96 | 17.40 |
| 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 | 0.08 | 0.65 | 5.75 |
| Calcium Hydroxide | BP | 0.08 | 0.67 | 5.34 | 47.50 |
| Calcium Hydroxide Solution | BP | 0.01 | 0.02 | 0.14 | 1.24 |
| Castor Oil (use as additive only) | BP | 0.01 | 0.10 | 0.78 | 6.95 |
| Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients) | APF | 0.01 | 0.03 | 0.23 | 2.09 |
| Cetrimide Aqueous Cream (for use only as a base combined with active ingredients) | APF | 0.02 | 0.13 | 1.04 | 9.22 |
| Chlorhexidine Acetate (use as additive only) | BP | 0.64 | 5.13 | 41.03 | 364.70 |
| 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 | 0.56 | 4.94 |
| Chloroform Water Concentrated 1 in 40 | APF 15 | 0.01 | 0.09 | 0.69 | 6.13 |
| Citric Acid Monohydrate | BP | 0.02 | 0.13 | 1.03 | 9.15 |
| Coal Tar | BP | 0.12 | 0.98 | 7.83 | 69.60 |
| Coal Tar Solution | BP | 0.02 | 0.13 | 1.04 | 9.24 |
| Cocaine Hydrochloride | BP | 6.09 | 48.74 | 389.90 | 3465.77 |
| Coconut Oil | BP | 0.01 | 0.10 | 0.80 | 7.16 |
| Codeine Linctus | APF | 0.01 | 0.07 | 0.58 | 5.15 |
| Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children) | BP | 2.34 | 18.75 | 150.00 | 1333.33 |
| Collodion Flexible | BP | 0.15 | 1.23 | 9.86 | 87.60 |
| Dithranol | BP | 4.07 | 32.54 | 260.35 | 2314.20 |
| Emulsifying Ointment (for use only as a base combined with active ingredients) | BP | 0.01 | 0.08 | 0.67 | 5.98 |
| Ephedrine Hydrochloride (may only be prescribed in nasal instillations) | BP | 0.93 | 7.43 | 59.40 | 528.00 |
| Ethanol (90 per cent) (use as additive only) | BP | 0.01 | 0.03 | 0.24 | 2.12 |
| Ethanol (96 per cent) (use as additive only) | BP | 0.01 | 0.04 | 0.28 | 2.48 |
| 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 | 1.06 | 9.43 |
| 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 | 0.59 | 5.28 |
| Glycerol | BP | 0.01 | 0.06 | 0.50 | 4.46 |
| Honey Purified (use as additive only) | BP 1993 | 0.01 | 0.02 | 0.15 | 1.35 |
| Hydroxybenzoate Compound Solution | APF | 0.07 | 0.58 | 4.60 | 40.92 |
| 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 | 0.27 | 2.19 | 19.50 |
| Kaolin Mixture | BPC 1968 | 0.01 | 0.10 | 0.81 | 7.19 |
| Kaolin and Opium Mixture | APF 14 | 0.01 | 0.09 | 0.69 | 6.10 |
| Lactic Acid | BP | 0.06 | 0.51 | 4.07 | 36.21 |
| Lavender Spike Oil | BPC 1968 | 0.10 | 0.80 | 6.43 | 57.14 |
| Liquorice Liquid Extract | BP | 0.03 | 0.25 | 1.99 | 17.70 |
| Magnesium Carbonate Light | BP | 0.03 | 0.23 | 1.83 | 16.27 |

| Drug | Standard | Recovery Prices | | | |
|---|----------|-----------------|--------|---------|----------|
| | | 0.1 g/mL | 1 g/mL | 10 g/mL | 100 g/mL |
| | | \$ | \$ | \$ | \$ |
| Magnesium Sulfate (may only be prescribed for other than oral use) | BP | 0.01 | 0.02 | 0.12 | 1.09 |
| Magnesium Trisilicate | BP | 0.04 | 0.30 | 2.41 | 21.41 |
| Menthol, Racemic or Levomenthol | BP | 0.25 | 1.99 | 15.88 | 141.17 |
| Methyl Hydroxybenzoate | BP | 0.30 | 2.40 | 19.22 | 170.84 |
| Methyl Hydroxybenzoate Solution | APF | 0.03 | 0.26 | 2.06 | 18.32 |
| Methylated Industrial Spirit (use as additive only) | BP | 0.01 | 0.03 | 0.24 | 2.11 |
| Olive Oil (use as additive only) | BP | 0.01 | 0.10 | 0.79 | 7.03 |
| Paraffin Hard | BP | 0.01 | 0.17 | 1.37 | 12.16 |
| Paraffin Liquid (may only be prescribed for other than oral use) | BP | 0.01 | 0.03 | 0.25 | 2.20 |
| Paraffin Light Liquid | BP | 0.02 | 0.15 | 1.20 | 10.69 |
| Paraffin Soft White | BP | 0.01 | 0.04 | 0.35 | 3.15 |
| Paraffin Soft Yellow | BP | 0.01 | 0.06 | 0.50 | 4.49 |
| Peppermint Oil (use as additive only) | BP | 0.14 | 1.11 | 8.91 | 79.24 |
| Peppermint Water Concentrated 1 in 40 (use as additive only) | APF 16 | 0.04 | 0.28 | 2.21 | 19.65 |
| 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 | 1.05 | 9.03 |
| Potassium Iodide | BP | 0.07 | 0.53 | 4.26 | 37.83 |
| Potassium Permanganate | BP | 0.05 | 0.41 | 3.29 | 29.27 |
| Propyl Hydroxybenzoate | BP | 0.25 | 2.02 | 16.12 | 143.29 |
| Propylene Glycol | BP | 0.01 | 0.09 | 0.71 | 6.31 |
| Red Syrup | APF 15 | 0.02 | 0.13 | 1.07 | 9.50 |
| Resorcinol | BP | 0.32 | 2.57 | 20.52 | 182.40 |
| Salicylic Acid | BP | 0.03 | 0.23 | 1.80 | 15.98 |
| Salicylic Acid Ointment | APF | 0.02 | 0.12 | 0.96 | 8.57 |
| Salicylic Acid Ointment | BP | 0.02 | 0.12 | 0.96 | 8.57 |
| Simple Ointment (white) (for use only as a base combined with active ingredients) | BP | 0.02 | 0.16 | 1.26 | 11.16 |
| Simple Ointment (yellow) (for use only as a base combined with active ingredients) | BP | 0.02 | 0.16 | 1.26 | 11.16 |
| Sodium Bicarbonate | BP | 0.01 | 0.08 | 0.65 | 5.81 |

| 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 | 0.70 |
| Sodium Citrate | BP | 0.02 | 0.15 | 1.19 | 10.60 |
| 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 | 0.16 | 1.27 | 11.28 |
| Sulfur Precipitated | BP 1980 | 0.02 | 0.16 | 1.24 | 10.99 |
| Syrup | BP | 0.01 | 0.03 | 0.23 | 2.07 |
| Talc Purified, sterilised | BP | 0.02 | 0.19 | 1.52 | 13.55 |
| Thymol | BP | 0.23 | 1.81 | 14.50 | 128.89 |
| Thymol Compound Mouth Wash | APF 15 | 0.01 | 0.11 | 0.86 | 7.65 |
| Tragacanth Compound Powder | BP 1980 | 0.07 | 0.58 | 4.64 | 41.27 |
| Tragacanth Mucilage | APF 13 | 0.01 | 0.04 | 0.29 | 2.57 |
| Tragacanth Mucilage | BPC 1973 | 0.01 | 0.03 | 0.23 | 2.02 |
| Tragacanth, powdered | BP | 0.12 | 0.95 | 7.59 | 67.50 |
| Trichloroacetic Acid | BP 1980 | 0.35 | 2.83 | 22.63 | 201.12 |
| Triethanolamine | BP | 0.05 | 0.41 | 3.26 | 29.00 |
| Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions) | BP | — | — | 11.37 | 11.37 |
| Water Purified | BP | 0.01 | 0.01 | 0.06 | 0.57 |
| Wool Alcohols Ointment (white) (for use only as a base combined with active ingredients) | BP | 0.02 | 0.14 | 1.12 | 9.95 |
| Wool Alcohols Ointment (yellow) (for use only as a base combined with active ingredients) | BP | 0.02 | 0.14 | 1.12 | 9.95 |
| Wool Fat | BP | 0.02 | 0.12 | 0.97 | 8.64 |
| Wool Fat Hydrous | BP | 0.02 | 0.13 | 1.05 | 9.36 |
| Zinc Compound Paste | BP | 0.03 | 0.24 | 1.90 | 16.85 |
| Zinc Cream (for use only as a base combined with active ingredients) | BP | 0.01 | 0.08 | 0.62 | 5.55 |
| Zinc Oxide | BP | 0.02 | 0.13 | 1.06 | 9.43 |
| 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 |

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 | 12.07 | 13.52 |
| | DUSTING POWDERS (Maximum Quantity 100 g and 1 Repeat) | | | |
| 7458M | Zinc, Starch and Talc | APF 15 & BPC 1973 | 22.50 | 23.95 |
| | EAR DROPS (Maximum Quantity 15 mL and 2 Repeats) | | | |
| 7642F | Aluminium Acetate | APF | 10.76 | 12.21 |
| 7643G | Aluminium Acetate | BP | 11.34 | 12.79 |
| 7314Y | Sodium Bicarbonate | APF & BP | 9.83 | 11.28 |
| 7313X | Spirit | APF | 9.70 | 11.15 |
| | INHALATIONS (Maximum Quantity 50 mL and 1 Repeat) | | | |
| 7484X | Benzoin and Menthol | APF | 21.08 | 22.53 |
| 7308P | Menthol | APF | 12.48 | 13.93 |
| 7310R | Menthol and Eucalyptus | BP 1980 | 13.04 | 14.49 |
| | LINCTUSES CONTAINING CODEINE PHOSPHATE (Maximum Quantity 100 mL and 0 Repeats) | | | |
| 7530H | Codeine | APF | 14.46 | 15.91 |
| | LOTIONS (Maximum Quantity 200 mL and 2 Repeats) | | | |
| 7709R | Aluminium Acetate Aqueous | APF | 12.09 | 13.54 |
| | MIXTURES, OTHER (Maximum Quantity 200 mL and 4 Repeats) | | | |
| 7604F | Gentian Alkaline | APF | 20.09 | 21.54 |
| 7348R | Kaolin | BPC 1968 | 23.92 | 25.37 |
| 7301G | Kaolin and Opium | APF 14 | 21.73 | 23.18 |
| 7342K | Magnesium Trisilicate | BPC 1968 | 16.93 | 18.38 |
| 7343L | Magnesium Trisilicate and Belladonna | BPC 1968 | 21.72 | 23.17 |
| | MOUTH WASHES (Maximum Quantity 200 mL and 1 Repeat) | | | |
| 7457L | Thymol Compound | APF 15 | 25.00 | 26.45 |
| | OINTMENTS (Maximum Quantity 100 g and 1 Repeat) | | | |
| 7914M | Benzoic Acid Compound | APF | 17.76 | 19.21 |
| 7914M | Benzoic Acid Compound (extemporaneous formula) | BP | 17.76 | 19.21 |
| 7902X | Boric Acid, Olive Oil and Zinc Oxide | QHF | 15.35 | 16.80 |

| Code | Item | Reference | Dispensed Price for Max. Qty | Maximum Recordable Value for Safety Net |
|--------------------------------|---|-------------|---------------------------------|---|
| | | | \$ | \$ |
| 7926E | Salicylic Acid | APF | 18.17 | 19.62 |
| 7928G | Salicylic Acid (extemporaneous formula) | BP | 18.17 | 19.62 |
| | PAINTS (Maximum Quantity 25 mL and 1 Repeat) | | | |
| 7567G | Podophyllin Compound | APF 16 & BP | 42.66 | 44.11 |
| 7568H | Salicylic Acid | APF | 34.42 | 35.87 |
| | PASTES, OTHER (Maximum Quantity 100 g and 1 Repeat) | | | |
| 7558T | Zinc | APF | 26.45 | 27.90 |
| 7558T | Zinc Compound (extemporaneous formula) | BP | 26.45 | 27.90 |
| | POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats) | | | |
| 7545D | Magnesium Trisilicate | BP | 30.86 | 32.31 |
| —CONTAINER RATES ARE INCLUDED— | | | | |

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 September 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 sample gold-colored card. At the top left is 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 sample white-colored card. At the top left is 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 a sample orange-colored card. At the top left is 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 September 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

4059P **Risedronate Sodium and Calcium Carbonate**, Pack containing 4 tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium) (*Actonel Combi*)

Deletion – Brand

4444X *Actonel Once-a-Week, SW* – **Risedronate Sodium**, Tablet 35 mg

Alterations

Alteration – Item Description

From:

4180B **Dichlorobenzene with Chlorbutol and Turpentine Oil**, Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 10 mL (*Cerumol*)

To:

4180B **Dichlorobenzene with Chlorbutol and Arachis Oil**, Ear drops, ortho-dichlorobenzene 140 mg per mL, para-dichlorobenzene 20 mg per mL, chlorbutol 50 mg per mL, arachis oil 573 mg per mL, 10 mL (*Cerumol*)

Alteration – Manufacturer's Code

| | | <i>From:</i> | <i>To:</i> |
|-------|--|--------------|------------|
| 4811F | <i>Peg 7420, MM</i> – Bandage—retention—cohesive—heavy , Bandage 5 cm x 1.3 m | BK | MM |
| 4812G | <i>Peg 7422, MM</i> – Bandage—retention—cohesive—heavy , Bandage 7.5 cm x 1.3 m | BK | MM |
| 4813H | <i>Peg 7423, MM</i> – Bandage—retention—cohesive—heavy , Bandage 10 cm x 1.3 m | BK | MM |
| 4814J | <i>Peg 7425, MM</i> – Bandage—retention—cohesive—heavy , Bandage 15 cm x 1.3 m | BK | MM |
| 4180B | <i>Cerumol, UN</i> – Dichlorobenzene with Chlorbutol and Arachis Oil , Ear drops, ortho-dichlorobenzene 140 mg per mL, para-dichlorobenzene 20 mg per mL, chlorbutol 50 mg per mL, arachis oil 573 mg per mL, 10 mL | AC | UN |

Therapeutic Index for RPBS

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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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

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 | .. | .. | 11.99 | 5.80 | Plaqacide | OB |
| 4204G | Mouth wash 2 mg per mL (0.2%), 300 mL | ¥1 | .. | .. | 15.38 | 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 | .. | 10.89 | 5.80 | Aquae | VT |
| 4569L | Mouth spray 10 mg per mL, 100 mL | ¥1 | .. | .. | 12.56 | 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 | .. | *23.28 | 5.80 | Titralac | MM |
|-------|----------------------|-----|---|----|--------|------|----------|----|

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 | .. | *22.74 | 5.80 | Mylanta Double Strength | JT |
| 4453J | Tablet 400 mg-400 mg-40 mg | 200 | 5 | .. | *46.22 | 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 | .. | .. | 27.01 | 5.80 | ^a Colese | AF |
| | | | | .. | 32.19 | 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 | .. | .. | 24.31 | 5.80 | Buscopan | BY |
|-------|-------------------------|---|----|----|-------|------|----------|----|

Laxatives

Laxatives

Softeners, emollients

DOCUSATE SODIUM

| | | | | | | | | |
|-------|--------------|-----|---|----|-------|------|------------|----|
| 4200C | Tablet 50 mg | 100 | 2 | .. | 14.41 | 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 | .. | 14.51 | 5.80 | Soflax | GM |
| 4198Y | Tablet 50 mg-8 mg | 90 | 2 | .. | 16.80 | 5.80 | Coloxyl with Senna | FM |
| SENNA STANDARDISED | | | | | | | | |
| 4455L | Tablet 7.5 mg | 100 | 1 | .. | 13.96 | 5.80 | Senokot | RC |
| Bulk producers | | | | | | | | |
| ISPAGHULA HUSK | | | | | | | | |
| 4285M | Sachets 3.5 g, 30 | £1 | 1 | .. | 17.74 | 5.80 | Fybogel | RC |
| PSYLLIUM HYDROPHILIC MUCILLOID | | | | | | | | |
| 4419N | Oral powder (orange-flavoured, sugar-free) 283 g | £1 | 1 | .. | 21.77 | 5.80 | Metamucil Orange Smooth | PY |
| 4422R | Oral powder (non-flavoured) 336 g | £1 | 1 | .. | 21.77 | 5.80 | Fibre Health Natural Granular | PP |
| | | | | | | | Metamucil Natural Granular | 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 | .. | 21.37 | 5.80 | Nucolox | QA |
| STERCULIA with FRANGULA BARK | | | | | | | | |
| 4558X | Granules 620 mg-80 mg per g (62%-8%), 500 g | £1 | 1 | .. | 26.47 | 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 | .. | .. | 12.20 | 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 | .. | .. | *20.50 | 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:

(i) diabetes;

(ii) ischaemic heart 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 |
|-------|--|-------------|-------------|---------|--|--|-----------------------------|
| | (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 | .. | 140.26 | 5.80 | Xenical RO |

Vitamins

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

Vitamin B₁, plain

| | | | | | | | | |
|-------|-------------------------------|-----|---|----|-------|------|---------|----|
| | THIAMINE HYDROCHLORIDE | | | | | | | |
| 4043T | Tablet 100 mg | 100 | 2 | .. | 11.60 | 5.80 | Betamin | SW |

Vitamin B-complex, incl. combinations

Vitamin B-complex, plain

| | | | | | | | | |
|-------|--------------------------------|----|---|----|-------|------|---------------------|----|
| | VITAMIN B GROUP COMPLEX | | | | | | | |
| 4493L | Oral liquid 200 mL | ±1 | 2 | .. | 13.44 | 5.80 | Accomin Adult Tonic | PF |

Mineral supplements

Calcium

Calcium

CALCIUM

Restricted benefit

Hypocalcaemia;

Osteoporosis;

Proven calcium malabsorption.

| | | | | | | | | |
|-------|---|-----|---|----|--------|------|---------|----|
| 4082W | Tablet 600 mg (as carbonate) | 120 | 1 | .. | 14.41 | 5.80 | CAL-600 | PP |
| 4333C | Tablet (chewable) 500 mg (as carbonate) | 120 | 1 | .. | *18.54 | 5.80 | Cal-Sup | IA |

CALCIUM

Restricted benefit

Hyperphosphataemia in chronic renal failure.

| | | | | | | | | |
|-------|---|-----|---|----|--------|------|---------|----|
| 4094L | Tablet (chewable) 500 mg (as carbonate) | 240 | 1 | .. | *30.56 | 5.80 | Cal-Sup | IA |
| 4142B | Tablet 600 mg (as carbonate) | 240 | 1 | .. | *22.30 | 5.80 | CAL-600 | PP |

Other mineral supplements

Magnesium

MAGNESIUM

Restricted benefit

Patients with documented hypomagnesaemia.

| | | | | | | | | |
|-------|---|----|----|----|-------|------|---------|----|
| 4321K | Tablet 37.4 mg (as aspartate dihydrate) | 50 | .. | .. | 13.80 | 5.80 | Mag-Sup | PP |
| | | | | .. | 14.49 | 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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

Blood and blood forming organs

Antithrombotic agents

Antithrombotic agents

Platelet aggregation inhibitors excl. heparin

ASPIRIN

| | | | | | | | | |
|-------|------------------------------|----|---|----|-------|------|---------------|----|
| 4076M | Tablet 100 mg (with glycine) | 90 | 1 | .. | 15.77 | 5.80 | Cardiprin 100 | RC |
|-------|------------------------------|----|---|----|-------|------|---------------|----|

ASPIRIN

Note

The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.

| | | | | | | | | |
|-------|--|----|---|----|-------|------|--------|----|
| 4077N | Tablet 100 mg (enteric coated) | 84 | 1 | .. | 13.81 | 5.80 | Cartia | GC |
| 4078P | Capsule 100 mg (containing enteric coated pellets) | 84 | 1 | .. | 14.72 | 5.80 | Astrix | YN |

CLOPIDOGREL

Authority required

For use in patients pre- and post-angioplasty.

| | | | | | | | | |
|-------|------------------------------------|----|---|----|-------|------|---|----------|
| 4179Y | Tablet 75 mg (as hydrogen sulfate) | 28 | 3 | .. | 50.15 | 5.80 | Iscover ^a Plavix ^a | BQ SW |
|-------|------------------------------------|----|---|----|-------|------|---|----------|

Blood substitutes and perfusion solutions

Irrigating solutions

Salt solutions

SODIUM CHLORIDE

| | | | | | | | | |
|-------|--|----|---|----|-------|------|------------------------------|----|
| 4460R | Irrigation solution 9 mg per mL (0.9%), 500 mL | £1 | 2 | .. | 10.43 | 5.80 | Baxter Healthcare Pty Ltd | BX |
| 4461T | Irrigation solution 9 mg per mL (0.9%), 1 L | £1 | 2 | .. | 10.75 | 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 | Maximum Recordable Value for | Brand Name and Manufacturer |
|------|---|-------------|-------------|---------|------------------------|------------------------------------|-----------------------------|
| | | | | | Max. Qty \$ | Safety Net \$ | |

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 | .. | .. | 22.63 | 5.80 | Proctosedyl | SW |
| 4038M | Suppositories 5 mg-5 mg, 12 | ‡1 | .. | .. | 21.34 | 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 | .. | 14.54 | 5.80 | Anusol | JT |
| 4040P | Compound suppositories, 12 | ‡1 | 1 | .. | 13.45 | 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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

Dermatologicals

Antifungals for dermatological use

Antifungals for topical use

Antibiotics

| | | | | | | | | |
|-----------------|---------------------------------|----|---|----|-------|------|------------|----|
| NYSTATIN | | | | | | | | |
| 4001N | Cream 100,000 units per g, 15 g | ‡1 | 1 | .. | 12.59 | 5.80 | Mycostatin | FM |

Imidazole and triazole derivatives

| | | | | | | | | |
|---------------------|------------------------------|----|---|----|------|------|--------|----|
| CLOTRIMAZOLE | | | | | | | | |
| 4004R | Cream 10 mg per g (1%), 20 g | ‡1 | 1 | .. | 8.94 | 5.80 | Clonea | AF |

KETOCONAZOLE

Restricted benefit

Severe seborrhoeic dermatitis.

| | | | | | | | | |
|-------|----------------------------------|----|----|----|-------|------|------------|----|
| 4007X | Shampoo 20 mg per g (2%), 100 mL | ‡1 | .. | .. | 19.47 | 5.80 | Sebizole | GM |
| 4008Y | Shampoo 20 mg per g (2%), 60 mL | ‡1 | .. | .. | 18.41 | 5.80 | Nizoral 2% | JT |

MICONAZOLE

| | | | | | | | | |
|-------|-----------------------------------|----|---|----|-------|------|----------|----|
| 4341L | Tincture 20 mg per mL (2%), 30 mL | ‡1 | 1 | .. | 19.57 | 5.80 | Daktarin | JT |
|-------|-----------------------------------|----|---|----|-------|------|----------|----|

MICONAZOLE NITRATE

| | | | | | | | | |
|-------|------------------------------|----|---|----|-------|------|----------------|----|
| 3400Y | Cream 40 g (2% miconazole) | ‡1 | 1 | .. | 13.78 | 5.80 | Resolve Thrush | EO |
| 4454K | Cream 20 mg per g (2%), 30 g | ‡1 | 1 | .. | 14.89 | 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 | .. | 96.24 | 5.80 | Loceryl | GA |
|-------|--|----|---|----|-------|------|---------|----|

CICLOPIROX OLAMINE

Restricted benefit

Severe seborrhoeic dermatitis.

| | | | | | | | | |
|-------|-----------------------------------|----|----|----|-------|------|-----------------|----|
| 4106D | Shampoo 15 mg per g (1.5%), 60 mL | ‡1 | .. | .. | 16.66 | 5.80 | Stieprox Liquid | GK |
|-------|-----------------------------------|----|----|----|-------|------|-----------------|----|

TERBINAFINE

Restricted benefit

Tinea pedis.

| | | | | | | | | |
|-------|---|----|----|----|-------|------|-----------------|----|
| 4463X | Gel 10 mg per g (1%), 15 g | ‡1 | .. | .. | 23.45 | 5.80 | Lamisil DermGel | NC |
| 4473K | Cream containing terbinafine hydrochloride 10 mg per g (1%), 15 g | ‡1 | 1 | .. | 21.99 | 5.80 | Lamisil | NC |

TOLNAFTATE

| | | | | | | | | |
|-------|---|----|----|----|-------|------|----------|----|
| 4481W | Spray aerosol 0.7 mg per g (0.07%), 100 g | ‡1 | .. | .. | 15.19 | 5.80 | Tinaderm | MK |
|-------|---|----|----|----|-------|------|----------|----|

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 | .. | 69.30 | 5.80 ^a | Lamisil (Novartis Pharmaceuticals Australia Pty Limited) ^a Tamsil ^a Terbinafine-DP ^a Terbinafine Sandoz ^a Tinasil |
| | | | | | | | NV QA GN SZ 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 | .. | .. | 26.51 | 5.80 | Silic 15 | EO |
| 4556T | Cream 150 mg-20 mg per g (15%-2%), 75 g | ‡1 | .. | .. | 12.63 | 5.80 | Silic 15 | EO |

Soft paraffin and fat products

WOOL ALCOHOLS

| | | | | | | | | |
|-------|----------------|----|---|----|-------|------|---------|----|
| 4041Q | Ointment 100 g | ‡1 | 1 | .. | 14.28 | 5.80 | Eucerin | BE |
|-------|----------------|----|---|----|-------|------|---------|----|

Carbamide products

UREA

| | | | | | | | | |
|-------|---------------------------------|----|---|----|-------|------|---------------|----|
| 4042R | Cream 100 mg per g (10%), 100 g | ‡1 | 2 | .. | 12.29 | 5.80 | Aquacare H.P. | AG |
| | | | | .. | 12.55 | 5.80 | Urederm | VT |
| | | | | .. | 12.87 | 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 | .. | .. | 11.95 | 5.80 | Orabase | QA |
|-------|--|----|----|----|-------|------|---------|----|

SKIN EMOLLIENT

| | | | | | | | | |
|-------|-----------------|----|---|----|-------|------|---------------------------|----|
| 4107E | Lotion 500 mL | ‡1 | 2 | .. | 17.45 | 5.80 | Alpha Keri Lotion | MT |
| 4122Y | Bath oil 500 mL | ‡1 | 2 | .. | 17.45 | 5.80 | Alpha Keri Bath Oil | MT |
| | | | | .. | 19.86 | 5.80 | QV Bath Oil | EO |
| | | | | .. | 19.95 | 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 | .. | 17.12 | 5.80 | Sunsense Sensitive | EO |
|-------|------------|----|---|----|-------|------|--------------------|----|

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 | .. | 12.40 | 5.80 | SPF 30+ Hamilton Solastick | VT |
| 4544E | Cream 100 g | ¥1 | 2 | .. | 16.17 | 5.80 | Hamilton Sunscreen Family Sunscreen Cream SPF 15 | VT |
| 4546G | Lotion (non-alcoholic) 125 mL | ¥1 | 2 | .. | 16.08 | 5.80 | Aquasun Lotion SPF 18 | PF |
| | | | | .. | 16.17 | 5.80 | Hamilton Sunscreen Family Sunscreen Milk SPF 15 | VT |
| | | | | .. | 17.09 | 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 | .. | .. | 79.45 | 5.80 | Xylocaine Viscous | AP |
|-------|--|----|----|----|-------|------|-------------------|----|

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 | .. | 23.02 | 5.80 | Pinetarsol | EO |
|-------|---|----|---|----|-------|------|------------|----|

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 | .. | 16.12 | 5.80 | Egopsoryl-TA | EO |
|-------|---|----|---|----|-------|------|--------------|----|

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 | .. | .. | 16.38 | 5.80 | Bactroban | GK |
| 4350Y | Ointment 20 mg per g (2%), 15 g | ¥1 | .. | .. | 16.38 | 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 | .. | .. | 52.76 | 5.80 | Wartec Cream | GK |
|-------|---------------------------------|----|----|----|-------|------|--------------|----|

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 | .. | .. | 39.85 | 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 | .. | 22.53 | 5.80 | Betnovate | QA |
| 4132L | Ointment 1 mg (base) per g (0.1%), 30 g | ¥1 | 2 | .. | 22.53 | 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 | .. | .. | 30.88 | 5.80 | Elocon | MK |
| 4343N | Ointment 1 mg per g (0.1%), 50 g | ¥1 | .. | .. | 30.88 | 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 | .. | .. | 19.19 | 5.80 | Kenacomb | QA |
|-------|---|----|----|----|-------|------|----------|----|

Antiseptics and disinfectants

Antiseptics and disinfectants

Iodine products

POVIDONE-IODINE

| | | | | | | | | |
|-------|--------------------------------------|----|----|----|-------|------|----------------------------|----|
| 4411E | Solution 100 mg per mL (10%), 100 mL | ¥1 | .. | .. | 22.21 | 5.80 | Betadine Antiseptic Liquid | SW |
|-------|--------------------------------------|----|----|----|-------|------|----------------------------|----|

Other dermatological preparations

Other dermatological preparations

Antihidrotics

DIPHEMANIL METHYLSULFATE

| | | | | | | | | |
|-------|---------------------------------------|----|---|----|-------|------|---------|----|
| 4191N | Dusting powder 20 mg per g (2%), 50 g | ¥1 | 1 | .. | 17.84 | 5.80 | Prantal | MK |
|-------|---------------------------------------|----|---|----|-------|------|---------|----|

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 | .. | 21.13 | 5.80 | Polytar | GK |
|-------|--|----|---|----|-------|------|---------|----|

SALICYLIC ACID with COAL TAR SOLUTION

| | | | | | | | | |
|-------|---|----|---|----|-------|------|---------|----|
| 4560B | Scalp cleanser 20 mg-50 mg per mL (2%-5%), 200 mL | ¥1 | 2 | .. | 20.48 | 5.80 | Ionil-T | GA |
|-------|---|----|---|----|-------|------|---------|----|

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 | .. | 18.94 | 5.80 | Sebitar | EO |
|-------|--|----|---|----|-------|------|---------|----|

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 | .. | .. | 14.24 | 5.80 | Selsun | DQ |
| Wart and anti-corn preparations | | | | | | | | |
| SALICYLIC ACID | | | | | | | | |
| 4389B | Gel 270 mg per g (27%), 15 g | ‡1 | .. | .. | 19.64 | 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 | .. | .. | 18.25 | 5.80 | Duofilm Solution | GK |
| Other dermatologicals | | | | | | | | |
| ALLANTOIN with GLYCEROL and ICHTHAMMOL | | | | | | | | |
| Note | | | | | | | | |
| 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 | .. | 18.20 | 5.80 | Egoderm Ointment | EO |
| 4281H | Cream 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g | ‡1 | 2 | .. | 18.20 | 5.80 | Egoderm Cream | EO |
| CATIONIC CONDITIONER with PANTHENOL | | | | | | | | |
| Note | | | | | | | | |
| 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 | .. | 14.35 | 5.80 | SebiRinse | EO |
| DICLOFENAC SODIUM | | | | | | | | |
| Authority required | | | | | | | | |
| 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. | | | | | | | | |
| Note | | | | | | | | |
| Maximum quantity of four tubes (original + 3 repeats) in 12 months. | | | | | | | | |
| 4046Y | Gel 30 mg per g (3%), 25 g | ‡1 | 3 | .. | 58.29 | 5.80 | Solaraze 3% Gel | CS |
| IMIQUIMOD | | | | | | | | |
| Authority required | | | | | | | | |
| 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 | .. | 160.05 | 5.80 | Aldara | IA |
| <hr/> | | | | | | | | |
| IMIQUIMOD | | | | | | | | |
| Authority required | | | | | | | | |
| 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 | .. | 160.05 | 5.80 | Aldara | IA |
| SKIN CLEANSER | | | | | | | | |
| 4549K | Lotion 500 mL | ‡1 | 2 | .. | 20.84 | 5.80 | Hamilton Skin Therapy Wash | VT |
| ZINC OXIDE with STARCH and CHLORPHENESIN | | | | | | | | |
| 4497Q | Dusting powder 100 g | ‡1 | 1 | .. | 12.36 | 5.80 | Z.S.C. | 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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

Genito urinary system and sex hormones

Gynecological antiinfectives and antiseptics

Antiinfectives and antiseptics, excl. comb. with corticosteroids

Antibiotics

| | | | | | | | | |
|-----------------|---|----|---|----|-------|------|---------|----|
| NYSTATIN | | | | | | | | |
| 4013F | Vaginal cream 100,000 units per dose, 15 doses, 75 g | £1 | 1 | .. | 13.89 | 5.80 | Nilstat | QA |

Imidazole derivatives

| | | | | | | | | |
|---------------------|---|----|----|----|-------|------|---------------------------------|----|
| CLOTRIMAZOLE | | | | | | | | |
| 4016J | Vaginal cream 50 mg per 5 g (1%), 35 g | £1 | .. | .. | 15.18 | 5.80 | APO-Clotrimazole 6 Day Cream | TX |
| 4017K | Vaginal cream 100 mg per 5 g (2%), 20 g | £1 | .. | .. | 15.18 | 5.80 | APO-Clotrimazole 3 Day Cream | TX |

Other gynecologicals

Other gynecologicals

| | | | | | | | | |
|--|--|----|----|----|-------|------|---------|----|
| RICINOLEIC ACID with ACETIC ACID and HYDROXYQUINOLINE SULFATE | | | | | | | | |
| 4434J | Vaginal jelly 7 mg-9.4 mg-250 micrograms per g (0.7%-0.94%-0.025%), 100 g | £1 | .. | .. | 33.00 | 5.80 | Aci-Jel | CU |

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 | .. | *82.72 | 5.80 | Caverject Impulse | PF |
| 4580C | Intracavernosal injection 20 micrograms with diluent in single use syringe | 6 | 3 | .. | *103.72 | 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 | .. | 60.78 | 5.80 | Viagra | PF |
| 4585H | Tablet 50 mg (base) | 4 | 5 | .. | 75.59 | 5.80 | Viagra | PF |
| 4586J | Tablet 100 mg (base) | 4 | 5 | .. | 81.22 | 5.80 | Viagra | PF |

TADALAFIL

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.

| | | | | | | | | |
|-------|--------------|---|---|----|-------|------|--------|----|
| 4596X | Tablet 10 mg | 4 | 5 | .. | 79.79 | 5.80 | Cialis | LY |
| 4597Y | Tablet 20 mg | 4 | 5 | .. | 83.36 | 5.80 | Cialis | LY |

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 | |
|---|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|----|
| | | | | | \$ | \$ | | |
| VARDENAFIL | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| 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. | | | | | | | | |
| 4290T | Tablet 10 mg | 4 | 5 | .. | 72.89 | 5.80 | Levitra | BN |
| 4302K | Tablet 20 mg | 4 | 5 | .. | 83.62 | 5.80 | Levitra | BN |

Other urologicals

SODIUM CITRO-TARTRATE

Restricted benefit

For relief of urinary symptoms when antibiotic or other therapy alone is inappropriate.

| | | | | | | | |
|-------|--|----|---|----|-------|------|-----------------|
| 4049D | Sachets containing oral effervescent powder 4 g, 28 | £1 | 4 | .. | 13.65 | 5.80 | Uracol GM |
| | | | | | | | Ural Sachets QA |

Drugs used in benign prostatic hypertrophy

Alpha-adrenoreceptor antagonists

ALFUZOSIN HYDROCHLORIDE

Authority required

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 | .. | 63.46 | 5.80 | Xatral SR SW |
|-------|--------------|----|---|----|-------|------|--------------|

TAMSULOSIN HYDROCHLORIDE

Authority required

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 | .. | 63.46 | 5.80 | Flomaxtra CS |
|-------|---|----|---|----|-------|------|--------------|

TERAZOSIN HYDROCHLORIDE

Authority required

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 | .. | .. | 20.15 | 5.80 | Hytrin AB |
| 4397K | Tablet 2 mg | 28 | 5 | .. | 41.79 | 5.80 | Hytrin AB |
| 4398L | Tablet 5 mg | 28 | 5 | .. | 58.29 | 5.80 | Hytrin AB |
| 4399M | Tablet 10 mg | 28 | 5 | .. | 86.16 | 5.80 | Hytrin AB |

Testosterone-5-alpha reductase inhibitors

FINASTERIDE

Authority required

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 | .. | 102.22 | 5.80 ^a | Finasta SZ |
| | | | | .. | 111.79 | 5.80 ^a | Proscar MK |
| 4303L | Tablet 5 mg | 28 | 5 | .. | 91.37 | 5.80 | Finpro RZ |

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 \$ | |

Antineoplastic and immunomodulating agents

Antineoplastic agents

Antimetabolites

Pyrimidine analogues

| | | | | | | | |
|---------------------|------------------------------|----|----|----|-------|------|-----------|
| FLUOROURACIL | | | | | | | |
| 4222F | Cream 50 mg per g (5%), 20 g | ‡1 | .. | .. | 55.41 | 5.80 | Efudix VT |

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 for Max. Qty | Maximum Recordable Value for Safety Net | Brand Name and Manufacturer |
|-------|---|-------------|-------------|---------|------------------------------------|--|-----------------------------|
| | | | | | \$ | \$ | |
| 4284L | GPO Box 9998 BRISBANE QLD 4001. | | | | | | |
| | Powder for I.V. infusion 100 mg | 1 | 2 | .. | 847.08 | 5.80 | Remicade JC |

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 \$ | |

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 | .. | 37.88 | 5.80 | Arthrotec 50 | PF |
|-------|-----------------------------|----|---|----|-------|------|--------------|----|

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 | .. | 14.12 | 5.80 | Gold Cross | BI |
| 4023R | Ointment BP, 100 g | £1 | 1 | .. | 12.27 | 5.80 | Gold Cross | BI |
| 4026X | Liniment APF, 100 mL | £1 | 1 | .. | 10.04 | 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 | .. | 46.65 | 5.80 | Actonel | SW |
| 4444X | Tablet 35 mg | 4 | 5 | .. | 46.65 | 5.80 | ^a APO-Risedronate ^a Chem mart ^a Risedronate ^a Risedro once a week ^a Terry White Chemists Risedronate | TX CH QA TW |

Bisphosphonates, combinations

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.

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 | .. | 46.65 | 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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 | .. | .. | 121.96 | 5.80 | MS Contin | MF |
|-------|------------------------------------|----|----|----|--------|------|-----------|----|

Other analgesics and antipyretics

Salicylic acid and derivatives

CODEINE PHOSPHATE with ASPIRIN

| | | | | | | | | |
|-------|----------------------------|----|---|----|-------|------|-------------|----|
| 4061R | Tablet soluble 8 mg-300 mg | 50 | 2 | .. | 13.67 | 5.80 | Aspalgin | FM |
| 4286N | Tablet 8 mg-300 mg | 40 | 2 | .. | 14.28 | 5.80 | Aspalgin 40 | QA |

Anilides

CODEINE PHOSPHATE with PARACETAMOL

| | | | | | | | | |
|-------|---------------------|----|---|----|-------|------|----------------|----|
| 4170L | Tablet 15 mg-500 mg | 20 | 2 | .. | 9.83 | 5.80 | Prodeine 15 | SW |
| 4171M | Tablet 8 mg-500 mg | 50 | 2 | .. | 12.96 | 5.80 | Codalgin | FM |
| 4275B | Tablet 8 mg-500 mg | 40 | 2 | .. | 10.79 | 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 | .. | 18.28 | 5.80 | ^a Gabatine 100 | QA |
| | | | | .. | 20.23 | 5.80 | ^a Nupentin 100 | AF |
| | | | | .. | 45.19 | 5.80 | ^a Neurontin | PF |
| 4592Q | Capsule 300 mg | 100 | 5 | .. | 45.19 | 5.80 | ^a DBL Gabapentin | HH |
| | | | | .. | 47.14 | 5.80 | ^a Gabatine 300 | QA |
| | | | | .. | 57.78 | 5.80 | ^a Gantin | GN |
| | | | | .. | 59.73 | 5.80 | ^a GenRx Gabapentin | GX |
| | | | | .. | 87.89 | 5.80 | ^a Nupentin 300 | AF |
| | | | | .. | 89.85 | 5.80 | ^a Neurontin | PF |
| 4593R | Capsule 400 mg | 100 | 5 | .. | 57.78 | 5.80 | ^a DBL Gabapentin | HH |
| | | | | .. | 59.73 | 5.80 | ^a Gabatine 400 | QA |
| | | | | .. | 87.89 | 5.80 | ^a Gantin | GN |
| | | | | .. | 89.85 | 5.80 | ^a GenRx Gabapentin | GX |
| | | | | .. | 59.73 | 5.80 | ^a Nupentin 400 | AF |
| | | | | .. | 87.89 | 5.80 | ^a Neurontin | PF |
| 4594T | Tablet 600 mg | 100 | 5 | .. | 87.89 | 5.80 | ^a Gabatine 600 | QA |
| | | | | .. | 89.85 | 5.80 | ^a Neurontin | PF |

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 | |
|-------|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 4595W | Tablet 800 mg | 100 | 5 | .. | 115.00 | 5.80 ^a | Gabatine 800 | QA |
| | | | | .. | 116.95 | 5.80 ^a | Gantin | GN |
| | | | | .. | | 5.80 ^a | Neurontin | PF |

PREGABALIN

Authority required

For the treatment of refractory neuropathic pain not controlled by other drugs.

| | | | | | | | | |
|-------|----------------|----|---|----|--------|------|--------|----|
| 4320J | Capsule 25 mg | 56 | 5 | .. | 42.75 | 5.80 | Lyrica | PF |
| 4322L | Capsule 75 mg | 56 | 5 | .. | 85.06 | 5.80 | Lyrica | PF |
| 4323M | Capsule 150 mg | 56 | 5 | .. | 124.34 | 5.80 | Lyrica | PF |
| 4324N | Capsule 300 mg | 56 | 5 | .. | 183.24 | 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 | .. | .. | *29.58 | 5.80 | Lexotan | RO |
| 4151L | Tablet 6 mg | 60 | .. | .. | *36.20 | 5.80 | Lexotan | RO |

Azaspirodecanedione derivatives

BUSPIRONE HYDROCHLORIDE

Authority required

For the short-term treatment of anxiety.

| | | | | | | | | |
|-------|--------------|----|----|----|-------|------|--------|----|
| 4144D | Tablet 5 mg | 50 | .. | .. | 38.09 | 5.80 | Buspar | QA |
| 4145E | Tablet 10 mg | 50 | .. | .. | 54.94 | 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 | .. | .. | 13.83 | 5.80 | Hypnodorm | AF |
|-------|-------------|----|----|----|-------|------|-----------|----|

Benzodiazepine related drugs

ZOPICLONE

Restricted benefit

For the short-term treatment of insomnia.

| | | | | | | | | |
|-------|---------------|----|----|----|-------|-------------------|---------|----|
| 4522B | Tablet 7.5 mg | 30 | .. | .. | 21.86 | 5.80 ^a | Imrest | AF |
| | | | | .. | 25.02 | 5.80 ^a | Imovane | SW |

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 \$ | |
| 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 | .. | .. | *51.48 | 5.80 | QuitX | AF |
| 4572P | Transdermal patches releasing approximately 14 mg per 24 hours, 7 | 2 | .. | .. | *54.66 | 5.80 | QuitX | AF |
| | | | | .. | *68.84 | 5.80 | Nicabate CQ 14 | GC |
| 4573Q | Transdermal patches releasing approximately 21 mg per 24 hours, 7 | 2 | 2 | .. | *57.78 | 5.80 | QuitX | AF |
| | | | | .. | *68.84 | 5.80 | Nicabate CQ 21 | GC |
| 4576W | Transdermal patches releasing approximately 5 mg per 16 hours, 7 | 2 | .. | .. | *50.92 | 5.80 | Nicorette Patch | JT |
| 4577X | Transdermal patches releasing approximately 10 mg per 16 hours, 7 | 2 | .. | .. | *54.88 | 5.80 | Nicorette Patch | JT |
| 4578Y | Transdermal patches releasing approximately 15 mg per 16 hours, 7 | 2 | 2 | .. | *60.06 | 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

| MEBENDAZOLE | | | | | | | |
|-------------|---------------|---|----|----|-------|------|-----------|
| 4325P | Tablet 100 mg | 6 | .. | .. | 15.02 | 5.80 | Vermox BI |

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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

Respiratory system

Nasal preparations

Decongestants and other nasal preparations for topical use

Sympathomimetics, plain

| | | | | | | | | |
|------------------------------------|---|----|----|----|-------|------|----------------------|----|
| OXYMETAZOLINE HYDROCHLORIDE | | | | | | | | |
| 4378K | Nasal spray 500 micrograms per mL (0.05%), 15 mL | ‡1 | .. | .. | 17.25 | 5.80 | Drixine | MK |
| 4379L | Nasal spray 500 micrograms per mL (0.05%), 18 mL | ‡1 | .. | .. | 16.86 | 5.80 | Logicin Rapid Relief | QA |

Antiallergic agents, excl. corticosteroids

| | | | | | | | | |
|------------------------------------|---|----|---|----|-------|------|----------|----|
| LEVOCABASTINE HYDROCHLORIDE | | | | | | | | |
| 4311X | Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses) | ‡1 | 2 | .. | 18.34 | 5.80 | Livostin | JT |
| SODIUM CROMOGLYCATE | | | | | | | | |
| 4468E | Nasal spray metered dose pump 20 mg per mL (2%), 26 mL | ‡1 | 5 | .. | 23.01 | 5.80 | Rynacrom | SW |

Corticosteroids

BUDESONIDE

Restricted benefit

Severe intractable rhinitis.

| | | | | | | | | |
|-------|---|----|----|----|-------|------|-----------------|----|
| 4092J | Aqueous nasal spray (pump pack) 64 micrograms per dose (120 doses) | ‡1 | .. | .. | 31.83 | 5.80 | Budamax Aqueous | PM |
|-------|---|----|----|----|-------|------|-----------------|----|

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 | .. | 23.69 | 5.80 | Atrovent Nasal Aqueous | BY |
| 4090G | Aqueous nasal spray (pump pack) 42 micrograms (anhydrous) per dose (180 doses) | ‡1 | 5 | .. | 30.57 | 5.80 | Atrovent Nasal Forte | BY |

Nasal decongestants for systemic use

Sympathomimetics

| | | | | | | | | |
|--------------------------------------|--------------|----|----|----|-------|------|---------------|----|
| PSEUDOEPHEDRINE HYDROCHLORIDE | | | | | | | | |
| 4029C | Tablet 60 mg | 12 | .. | .. | 11.12 | 5.80 | Logicin Sinus | QA |

Cough and cold preparations

Expectorants, excl. combinations with cough suppressants

Expectorants

| | | | | | | | | |
|---------------------------|----------------|----|---|----|------|------|------------|----|
| SENEGA and AMMONIA | | | | | | | | |
| 4074K | Mixture 200 mL | ‡1 | 4 | .. | 9.28 | 5.80 | Gold Cross | BI |

Respiratory 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 \$ | | |
| Cough suppressants, excl. combinations with expectorants | | | | | | | | |
| Opium alkaloids and derivatives | | | | | | | | |
| PHOLCODINE | | | | | | | | |
| 4071G | Linctus 1 mg per mL (0.1%), 100 mL | ‡1 | 2 | .. | 9.12 | 5.80 | Gold Cross | BI |
| | | | | .. | 14.71 | 5.80 | Duro-Tuss | IA |

Antihistamines for systemic use

Antihistamines for systemic use

Piperazine derivatives

| | | | | | | | | |
|---------------------------------|--------------|----|----|----|-------|------|---------------------|----|
| CETIRIZINE HYDROCHLORIDE | | | | | | | | |
| 4175R | Tablet 10 mg | 30 | .. | .. | 29.75 | 5.80 | ^a Alzene | AF |
| | | | | .. | 32.97 | 5.80 | Zilarex | SZ |
| | | | | .. | 39.55 | 5.80 | ^a Zyrtec | JT |

Other antihistamines for systemic use

| | | | | | | | | |
|-----------------------------------|---------------|----|----|----|--------|------|--------------------------|----|
| FEXOFENADINE HYDROCHLORIDE | | | | | | | | |
| 4237B | Tablet 60 mg | 60 | .. | .. | *55.09 | 5.80 | Telfast | SW |
| 4238C | Tablet 120 mg | 30 | .. | .. | 29.52 | 5.80 | ^a Xergic | AF |
| | | | | .. | 34.81 | 5.80 | ^a Fexal | SZ |
| | | | | .. | 47.23 | 5.80 | ^a Telfast 120 | SW |
| LORATADINE | | | | | | | | |
| 4313B | Tablet 10 mg | 30 | .. | .. | 33.09 | 5.80 | ^a Allereze | AF |
| | | | | .. | 43.75 | 5.80 | ^a Lorano | SZ |
| | | | | .. | 46.02 | 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 | |
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|
|------|---|-------------|-------------|---------|--|--|-----------------------------|--|

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 | .. | 14.90 | 5.80 | Albalon-A | AG |
|-------|---|----|---|----|-------|------|-----------|----|

| | | | | | | | | |
|-------|---|----|---|----|-------|------|-------------------|----|
| 4035J | NAPHAZOLINE HYDROCHLORIDE Eye drops 1 mg per mL (0.1%), 15 mL | ‡1 | 1 | .. | 15.19 | 5.80 | Albalon Liquifilm | AG |
|-------|---|----|---|----|-------|------|-------------------|----|

Other antiallergics

| | | | | | | | | |
|-------|--|----|---|----|-------|------|----------|----|
| 4310W | LEVOCABASTINE HYDROCHLORIDE Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses) | ‡1 | 1 | .. | 18.34 | 5.80 | Livostin | JT |
|-------|--|----|---|----|-------|------|----------|----|

Otologicals

Other otologicals

Indifferent preparations

| | | | | | | | | |
|-------|---|----|----|----|-------|------|----------------------------------|----|
| 4176T | CARBAMIDE PEROXIDE Ear drops 65 mg per mL (6.5%), 12 mL | ‡1 | .. | .. | 16.18 | 5.80 | Ear Clear for Ear Wax Removal | KY |
|-------|---|----|----|----|-------|------|----------------------------------|----|

| | | | | | | | | |
|-------|---|----|----|----|-------|------|---------|----|
| 4180B | DICHLOROBENZENE with CHLORBUTOL and ARACHIS OIL Ear drops, ortho-dichlorobenzene 140 mg per mL, para-dichlorobenzene 20 mg per mL, chlorbutol 50 mg per mL, arachis oil 573 mg per mL, 10 mL | ‡1 | .. | .. | 14.18 | 5.80 | Cerumol | UN |
|-------|---|----|----|----|-------|------|---------|----|

| | | | | | | | | |
|-------|---|----|----|----|-------|------|--------|----|
| 4199B | DOCUSATE SODIUM Ear drops 5 mg per mL (0.5%), 10 mL | ‡1 | .. | .. | 14.57 | 5.80 | Waxsol | NE |
|-------|---|----|----|----|-------|------|--------|----|

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 |
|------|---|-------------|-------------|---------|--|--|-----------------------------|
|------|---|-------------|-------------|---------|--|--|-----------------------------|

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 | .. | 71.22 | 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 Exudate) | <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 |
|-----------------------|---|-------------|-------------|---------|--|--|---|
| (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 | .. | .. | 12.74 | 5.80 | Lubri-Gel | PP |
|-------|------------|---|----|----|-------|------|-----------|----|

Other non-therapeutic auxiliary products

BANDAGE—ABSORBENT WOOL

| | | | | | | | | |
|-------|---------------------|---|----|----|-------|------|------------------|----|
| 4653X | Bandage 10 cm x 3 m | 6 | .. | .. | 20.42 | 5.80 | Surepress 650948 | CC |
|-------|---------------------|---|----|----|-------|------|------------------|----|

BANDAGE—CALICO

| | | | | | | | | |
|-------|----------------------------|----|----|----|-------|------|----------------|----|
| 4717G | Bandage, triangular, large | ‡1 | .. | .. | 13.59 | 5.80 | Handy 36361414 | BV |
|-------|----------------------------|----|----|----|-------|------|----------------|----|

BANDAGE—COMPRESSION

Note

Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

| | | | | | | | | |
|-------|---------------------------------------|---|----|----|--------|------|---------------------|----|
| 4654Y | Bandage, short stretch, 8 cm x 2.6 m | 5 | .. | .. | *77.87 | 5.80 | Comprilan 01027-00 | BV |
| 4656C | Bandage, high stretch, 7.5 cm x 3.5 m | 5 | .. | .. | *68.47 | 5.80 | Setopress 3504 | SS |
| 4657D | Bandage, high stretch, 10 cm x 3.5 m | 5 | .. | .. | *78.67 | 5.80 | Setopress 3505 | SS |
| 4736G | Bandage, high stretch, 7.5 cm x 3 m | 5 | .. | .. | *94.42 | 5.80 | Tensopress 71723-01 | BV |

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 |
|-------|---|-------------|-------------|---------|--|--|-----------------------------|
| 4748X | Bandage, high stretch, 10 cm x 3 m | 5 | .. | .. | *73.02 | 5.80 | Surepress 650947 CC |
| | | | | .. | *126.72 | 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 | .. | .. | *152.72 | 5.80 | Profore Lite 66050415 SN |
| 4658E | Bandage, four layer | 5 | .. | .. | *224.52 | 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

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| | | | | | | | |
|-------|--|---|----|----|-------|------|----------------------|
| 4938X | Bandage, two layer, 18 cm-22 cm (red) | 1 | .. | .. | 51.02 | 5.80 | ProGuide 66000780 SN |
| 4939Y | Bandage, two layer, 22 cm-28 cm (yellow) | 1 | .. | .. | 51.02 | 5.80 | ProGuide 66000781 SN |
| 4940B | Bandage, two layer, 28 cm-32 cm (green) | 1 | .. | .. | 51.02 | 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 | .. | .. | 42.78 | 5.80 | Coban 2 MM |
|-------|--------------------|---|----|----|-------|------|------------|

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.

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 | .. | .. | *182.52 | 5.80 | ProGuide 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 | |
|---|---|-------------|-------------|---------|--|--|------------------------------|----|
| 4942D | Bandage, two layer, 22 cm-28 cm (yellow) | 4 | .. | .. | *182.52 | 5.80 | 66000780 ProGuide | SN |
| 4943E | Bandage, two layer, 28 cm-32 cm (green) | 4 | .. | .. | *182.52 | 5.80 | 66000781 ProGuide | SN |
| | | | | | | | 66000782 | |
| BANDAGE—RETENTION—COHESIVE—HEAVY | | | | | | | | |
| 4660G | Bandage 10 cm x 2 m | 2 | .. | .. | *19.46 | 5.80 | Coban 1584 | MM |
| 4811F | Bandage 5 cm x 1.3 m | 2 | .. | .. | *14.12 | 5.80 | Peg 7420 | MM |
| 4812G | Bandage 7.5 cm x 1.3 m | 2 | .. | .. | *17.40 | 5.80 | Peg 7422 | MM |
| 4813H | Bandage 10 cm x 1.3 m | 2 | .. | .. | *21.14 | 5.80 | Peg 7423 | MM |
| 4814J | Bandage 15 cm x 1.3 m | 2 | .. | .. | *28.28 | 5.80 | Peg 7425 | MM |
| BANDAGE—RETENTION—COHESIVE—LIGHT | | | | | | | | |
| 4662J | Bandage 10 cm x 4 m | 2 | .. | .. | *17.24 | 5.80 | Handygauche Cohesive 8635 | BV |
| 4718H | Bandages 2.5 cm x 4 m, 2 | 1 | .. | .. | 12.62 | 5.80 | Handygauche Cohesive 8631 | BV |
| 4719J | Bandage 6 cm x 4 m | 2 | .. | .. | *14.80 | 5.80 | Handygauche Cohesive 8633 | BV |
| BANDAGE—RETENTION—COTTON CREPE | | | | | | | | |
| 4727T | Bandage 5 cm x 2.3 m | 2 | .. | .. | *17.54 | 5.80 | Telfa 8252F | KE |
| | | | | .. | *18.38 | 5.80 | Tensocrepe 36300501 | BV |
| 4728W | Bandage 7.5 cm x 2.3 m | 2 | .. | .. | *22.32 | 5.80 | Telfa 8253F | KE |
| | | | | .. | *22.50 | 5.80 | Tensocrepe 36307501 | BV |
| 4729X | Bandage 10 cm x 2.3 m | 2 | .. | .. | *25.48 | 5.80 | Telfa 8254F | KE |
| | | | | .. | *27.92 | 5.80 | Tensocrepe 36301001 | BV |
| BANDAGE—TUBULAR | | | | | | | | |
| 4663K | Bandage, straight, size C | 1 | .. | .. | 15.48 | 5.80 | Elastoplast 2225 | BE |
| 4664L | Bandage, straight, size D | 1 | .. | .. | 15.48 | 5.80 | Elastoplast 2226 | BE |
| 4665M | Bandage, straight, size E | 1 | .. | .. | 15.48 | 5.80 | Elastoplast 2227 | BE |
| 4855M | Bandage 6.25 cm x 1 m | 1 | .. | .. | 18.27 | 5.80 | Tubigrip B 1520 | SS |
| 4856N | Bandage 6.75 cm x 1 m | 1 | .. | .. | 18.27 | 5.80 | Tubigrip C 1545 | SS |
| 4857P | Bandage 7.5 cm x 1 m | 1 | .. | .. | 18.27 | 5.80 | Tubigrip D 1546 | SS |
| 4858Q | Bandage 8.75 cm x 1 m | 1 | .. | .. | 18.27 | 5.80 | Tubigrip E 1547 | SS |
| 4859R | Bandage 10 cm x 1 m | 1 | .. | .. | 18.27 | 5.80 | Tubigrip F 1548 | SS |
| BANDAGE—TUBULAR (FINGER) | | | | | | | | |
| 4726R | Refill | 1 | .. | .. | 13.83 | 5.80 | Tubegauze 0501658 | SS |
| 4798M | Complete pack including applicator | 1 | .. | .. | 17.87 | 5.80 | Tubegauze 0501633 | SS |
| BANDAGE—TUBULAR (LIGHTWEIGHT) | | | | | | | | |
| 4671W | Bandage, small limb size (red), 10 m | 1 | .. | .. | 28.46 | 5.80 | Tubifast 2434 | SS |
| 4672X | Bandage, medium limb size (green), 10 m | 1 | .. | .. | 32.12 | 5.80 | Tubifast 2436 | SS |
| 4673Y | Bandage, large limb size (blue), 10 m | 1 | .. | .. | 35.68 | 5.80 | Tubifast 2438 | SS |
| BANDAGE—TUBULAR (LONG STOCKING) | | | | | | | | |
| 4674B | Bandage, small size | 2 | .. | .. | *40.28 | 5.80 | Tubigrip 1482 | SS |
| 4675C | Bandage, XX/large size | 2 | .. | .. | *40.28 | 5.80 | Tubigrip 1486 | SS |

Various

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|---|---|-------------|-------------|---------|--|--|--------------------------------|----|
| 4797L | Bandage, medium size | 2 | .. | .. | *40.28 | 5.80 | Tubigrip 1483 | SS |
| 4799N | Bandage, large size | 2 | .. | .. | *40.28 | 5.80 | Tubigrip 1484 | SS |
| BANDAGE—TUBULAR (SHORT STOCKING) | | | | | | | | |
| 4661H | Bandage, small B/C size | 2 | .. | .. | *30.54 | 5.80 | Tubigrip 1479 | SS |
| 4815K | Bandage, medium C/D size | 2 | .. | .. | *30.54 | 5.80 | Tubigrip 1480 | SS |
| 4816L | Bandage, large D/E size | 2 | .. | .. | *30.54 | 5.80 | Tubigrip 1481 | SS |
| BANDAGE—ZINC PASTE | | | | | | | | |
| 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 | .. | .. | *29.30 | 5.80 | Zincaband 3604 | SS |
| 4669R | Bandage 7.5 cm x 6 m | 2 | 3 | .. | *29.76 | 5.80 | Steripaste 3610 | XP |
| 4670T | Bandage 10 cm x 9.1 m | 2 | 3 | .. | *28.88 | 5.80 | Flexidress 650941 | CC |
| BANDAGE—ZINC PASTE | | | | | | | | |
| 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 | .. | *73.96 | 5.80 | Viscopaste 4948 | SN |
| 4760M | Bandages 80 cm (stockings), 4 | 1 | 3 | .. | 85.27 | 5.80 | ZipZoc 66051550 | SN |
| COTTON WOOL ROLL | | | | | | | | |
| 4701K | Roll 100 g | 1 | 2 | .. | 10.61 | 5.80 | JJ 02013 | JJ |
| DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND) | | | | | | | | |
| 4681J | Dressing 10.5 cm x 10.5 cm | 10 | .. | .. | *101.02 | 5.80 | Actisorb Plus MAC031 | JJ |
| 4742N | Dressings 10 cm x 10 cm, 10 | 1 | .. | .. | 79.08 | 5.80 | CarboFLEX 403202 | CC |
| 4743P | Dressings 15 cm x 20 cm, 5 | 1 | .. | .. | 89.97 | 5.80 | CarboFLEX 403204 | CC |
| DRESSING—ALGINATE (CAVITY 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. | | | | | | | | |
| 1905G | Rope 2 g | 10 | .. | .. | *115.36 | 5.80 | Kaltostat 168117 | CC |
| 4832H | Rope 2 g | 10 | .. | .. | *109.22 | 5.80 | Sorbsan 1411 | UM |
| DRESSING—ALGINATE (CAVITY 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. | | | | | | | | |
| 4682K | Ropes 2 g (40 cm), 6 | 2 | .. | .. | *137.82 | 5.80 | Comfeel SeaSorb Filler 3740 | CT |

Various

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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 | | | | | | | | |
| 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 | .. | *47.02 | 5.80 | Comfeel SeaSorb Dressing 3705 | CT |
| 4831G | Dressing 10 cm x 10 cm | 10 | 1 | .. | *84.52 | 5.80 | Sorbsan 1410 | UM |
| | | | | .. | *90.22 | 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 | .. | 91.18 | 5.80 | Kaltostat 168212 | CC |
| 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 | .. | 236.17 | 5.80 | Algisite M 66000521 | SN |
| 4699H | Dressings 5 cm x 5 cm, 10 | ‡1 | 1 | .. | 49.50 | 5.80 | Kaltostat 168210 | CC |
| | | | | .. | 51.38 | 5.80 | Algisite M 66000519 | SN |
| 4700J | Dressings 10 cm x 10 cm, 10 | ‡1 | 1 | .. | 98.52 | 5.80 | Algisite M 66000520 | SN |
| DRESSING—FILM | | | | | | | | |
| 4686P | Dressings 6 cm x 7 cm, 8 | ‡1 | .. | .. | 15.74 | 5.80 | Nexcare Tegaderm Transparent H1624 | MM |
| 4687Q | Dressings 10 cm x 12 cm, 4 | ‡1 | .. | .. | 19.75 | 5.80 | Nexcare Tegaderm Transparent H1626 | MM |
| 4688R | Dressing 15 cm x 20 cm | 6 | .. | .. | *30.76 | 5.80 | Tegaderm Transparent 1628 | MM |
| DRESSING—FILM | | | | | | | | |
| 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. | | | | | | | | |
| 4893M | Dressings 10 cm x 12 cm, 10 | ‡1 | .. | .. | 32.59 | 5.80 | Op-Site Flexigrid 4629 | SN |
| DRESSING—FILM ISLAND | | | | | | | | |
| 4689T | Dressing 5 cm x 7 cm | 10 | .. | .. | *16.32 | 5.80 | Tegaderm Transparent Island 3582 | MM |

Various

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|-------|---|-------------|-------------|---------|--|--|--|----|
| 4690W | Dressing 9 cm x 10 cm | 10 | .. | .. | *27.82 | 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 | .. | .. | *29.02 | 5.80 | Cutifilm Plus 36361370 | SN |
| 4899W | Dressings 8 cm x 10 cm, 5 | 2 | .. | .. | *45.60 | 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 | .. | 75.16 | 5.80 | Lyof foam Extra 603088 | XP |
| | | | | .. | 126.77 | 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 | .. | 189.21 | 5.80 | Lyof foam Extra 603090 | XP |
|-------|-----------------------------|----|---|----|--------|------|---------------------------|----|

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 | .. | .. | 123.33 | 5.80 | Allevyn Adhesive 66000044 | SN |
| 4694C | Dressing, cavity, conforming, 20 g | 1 | 1 | .. | 88.83 | 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 | .. | 101.96 | 5.80 | Lyof foam Flat 603095 | XP |
| 4890J | Dressings 7.5 cm x 7.5 cm, 10 | ±1 | 1 | .. | 42.94 | 5.80 | Lyof foam Flat 603092 | XP |
| 4891K | Dressings 10 cm x 10 cm, 10 | ±1 | 1 | .. | 49.58 | 5.80 | Lyof foam Flat 603093 | XP |

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—SILVER | | | | | | | | |
| <u>Authority required</u> | | | | | | | | |
| For wounds where there is evidence of critical colonisation and for well-assessed chronic wounds that have not responded to conventional dressings. | | | | | | | | |
| <u>Note</u> | | | | | | | | |
| 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 | .. | .. | 134.99 | 5.80 | Allevyn Ag Adhesive 66800073 | SN |
| 4255Y | Dressings, adhesive, 10 cm x 10 cm, 10 | ‡1 | .. | .. | 200.68 | 5.80 | Allevyn Ag Adhesive 66800075 | SN |
| 4258D | Dressings, adhesive, 12.5 cm x 12.5 cm, 10 | ‡1 | .. | .. | 245.15 | 5.80 | Allevyn Ag Adhesive 66800078 | SN |
| 4259E | Dressings, non-adhesive, 10 cm x 10 cm, 10 | ‡1 | .. | .. | 204.52 | 5.80 | Allevyn Ag Non- Adhesive 66800086 | SN |
| 4263J | Dressings 7.5 cm x 7.5 cm, 10 | ‡1 | .. | .. | 134.99 | 5.80 | Allevyn Ag Gentle 66800460 | SN |
| 4266M | Dressings 10 cm x 10 cm, 10 | ‡1 | .. | .. | 200.68 | 5.80 | Allevyn Ag Gentle 66800461 | SN |
| 4270R | Dressings 12.5 cm x 12.5 cm, 10 | ‡1 | .. | .. | 245.15 | 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 | .. | .. | *174.16 | 5.80 | Lyofom C 603025 | SS |
|-------|-----------------------------|---|----|----|---------|------|-----------------|----|

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 | .. | .. | 30.87 | 5.80 | Mepilex Border 295200 | MH |
| 4643J | Dressings 10 cm x 10 cm, 5 | ‡1 | .. | .. | 42.78 | 5.80 | Mepilex Border 295300 | MH |

DRESSING—FOAM with SILICONE—HEAVY 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.

| | | | | | | | | |
|-------|-------------------------------|----|----|----|-------|------|--------------------------------------|----|
| 4196W | Dressings 10 cm x 10 cm, 10 | ‡1 | .. | .. | 72.91 | 5.80 | Allevyn Gentle 66800248 | SN |
| 4207K | Dressings 7.5 cm x 7.5 cm, 10 | ‡1 | .. | .. | 51.25 | 5.80 | Allevyn Gentle Border 66800269 | SN |
| 4230P | Dressings 10 cm x 10 cm, 10 | ‡1 | .. | .. | 72.91 | 5.80 | Allevyn Gentle Border 66800270 | SN |

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

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 | |
|---|---|-------------|-------------|---------|--|--|---------------------------------|----|
| 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 | .. | .. | 28.16 | 5.80 | Mepilex Lite 284000 | MH |
| 4645L | Dressings 10 cm x 10 cm, 5 | ‡1 | .. | .. | 38.31 | 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 | .. | .. | 42.78 | 5.80 | Mepilex 294100 | MH |
| DRESSING—GAUZE (ABSORBENT PAD) | | | | | | | | |
| 4707R | Pads 5 cm x 5 cm, 100 | ‡1 | .. | .. | 13.98 | 5.80 | Handy 71117-05 | BV |
| 4708T | Pads 10 cm x 10 cm, 100 | ‡1 | .. | .. | 27.50 | 5.80 | Handy 71117-06 | BV |
| DRESSING—GAUZE—EYE PAD | | | | | | | | |
| 4768Y | Pads, 12 | ‡1 | .. | .. | 12.93 | 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 | .. | .. | 20.03 | 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 | .. | 27.13 | 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 | .. | 88.60 | 5.80 | Allevyn Plus Cavity 66047571 | SN |
| 4919X | Dressings 10 cm x 10 cm, 5 | 2 | 1 | .. | *187.04 | 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, 10 | ‡1 | .. | .. | 68.76 | 5.80 | TenderWet Active Cavity | HR |
| 4949L | Dressings 4 cm, 10 | ‡1 | .. | .. | 68.00 | 5.80 | TenderWet 24 Active | HR |
| 4950M | Dressings 7.5 cm x 7.5 cm, 10 | ‡1 | .. | .. | 92.29 | 5.80 | TenderWet 24 Active | HR |

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—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE) | | | | | | | |
| 4692Y | Dressings (foam alternative) 10 cm x 10 cm, 10 | ‡1 | .. | .. | 55.00 | 5.80 | CombiDERM 651031 | CC |
| 4693B | Dressings (foam alternative) 15 cm x 18 cm, 5 | ‡1 | .. | .. | 71.82 | 5.80 | CombiDERM 651027 | CC |
| 4695D | Dressings, island, 11 cm x 11 cm, 10 | ‡1 | .. | .. | 111.34 | 5.80 | Tielle MTL101E | JJ |
| 4696E | Dressings, island, 18 cm x 18 cm, 5 | ‡1 | .. | .. | 135.94 | 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 | .. | 88.03 | 5.80 | Biatain Non-adhesive 3410 | CT |
| 4928J | Non-adhesive waterproof semi-permeable absorbent foam pads 15 cm x 15 cm, 5 | ‡1 | 2 | .. | 86.55 | 5.80 | Biatain Non-adhesive 3413 | CT |
| 4929K | Adhesive waterproof semi-permeable absorbent foam pads 12 cm x 12 cm, 10 | ‡1 | 1 | .. | 97.05 | 5.80 | Biatain Adhesive 3420 | CT |
| 4930L | Adhesive waterproof semi-permeable absorbent foam pads 18 cm x 18 cm, 5 | ‡1 | 2 | .. | 93.92 | 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 | .. | 59.29 | 5.80 | Allevyn Thin 66047576 | SN |
| 4906F | Dressings 10 cm x 10 cm, 5 | 2 | 1 | .. | *108.42 | 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 | .. | 47.99 | 5.80 | Cutinova Hydro 66047441 | SN |
| 4886E | Dressings 10 cm x 10 cm, 5 | 2 | 1 | .. | *79.54 | 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 | .. | .. | *145.22 | 5.80 | DuoDERM Paste H7930 | CC |
|-------|------------|----|----|----|---------|------|---------------------|----|

DRESSING—HYDROCOLLOID (CAVITY WOUND)

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.

| | | | | | | | | |
|-------|------------|---|---|----|--------|------|--------------------|----|
| 4895P | Paste 50 g | 2 | 3 | .. | *43.32 | 5.80 | Comfeel Paste 4701 | CT |
|-------|------------|---|---|----|--------|------|--------------------|----|

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—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 | .. | 41.82 | 5.80 | Comfeel Plus Transparent 3530 | CT |
| 4889H | Dressings 9 cm x 14 cm, 10 | ‡1 | 1 | .. | 84.62 | 5.80 | Comfeel Plus Transparent 3536 | CT |
| 4924E | Dressings 10 cm x 10 cm, 10 | ‡1 | 1 | .. | 69.88 | 5.80 | Comfeel Plus Transparent 3533 | CT |
| <hr/> | | | | | | | | |
| 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 | .. | 71.82 | 5.80 | DuoDERM Extra Thin H7955 | CC |
| <hr/> | | | | | | | | |
| 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 | .. | 48.25 | 5.80 | Hydrocoll Thin 900758 | HR |
| <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 | .. | *81.50 | 5.80 | DuoDERM CGF H7660 | CC |
| 4920Y | Dressings 20 cm x 20 cm, 5 | 2 | 1 | .. | *222.42 | 5.80 | DuoDERM CGF H7662 | CC |
| <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 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 | .. | 80.40 | 5.80 | Replicare Ultra 66000434 | 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—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE) | | | | | | | | |
| <u>Note</u> This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days. | | | | | | | | |
| <u>Note</u> 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 | .. | 48.25 | 5.80 | Hydrocoll 900744 | HR |
| 4946H | Dressings 15 cm x 15 cm, 10 | ‡1 | 1 | .. | 90.01 | 5.80 | Hydrocoll 900936 | HR |
| <hr/> | | | | | | | | |
| DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE) | | | | | | | | |
| <u>Note</u> This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days. | | | | | | | | |
| <u>Note</u> 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 | .. | .. | *55.27 | 5.80 | Comfeel Plus Pressure Relieving 3350 | CT |
| 4679G | Round 10 cm | 5 | .. | .. | *59.72 | 5.80 | Comfeel Plus Pressure Relieving 3353 | CT |
| 4923D | Dressings with alginate 10 cm x 10 cm, 10 | ‡1 | 1 | .. | 82.09 | 5.80 | Comfeel Plus Ulcer Dressing 3110 | CT |
| DRESSING—HYDROFIBRE (ALTERNATE TO ALGINATES) | | | | | | | | |
| 4649Q | Dressings 10 cm x 10 cm, 10 | ‡1 | 1 | .. | 101.08 | 5.80 | Aquacel 177902 | CC |
| 4698G | Ropes 2 g (30 cm), 5 | ‡1 | 1 | .. | 83.81 | 5.80 | Aquacel 177904 | CC |
| 4922C | Dressings 15 cm x 15 cm, 5 | 2 | 1 | .. | *208.80 | 5.80 | Aquacel 177903 | CC |
| DRESSING—HYDROGEL—AMORPHOUS | | | | | | | | |
| <u>Note</u> 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. | | | | | | | | |
| <u>Note</u> 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 | .. | 64.58 | 5.80 | DuoDERM Gel H7990 | CC |
| | | | | .. | 72.19 | 5.80 | Comfeel Purilon Gel 3900 | CT |
| <hr/> | | | | | | | | |
| DRESSING—HYDROGEL—AMORPHOUS | | | | | | | | |
| <u>Note</u> 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. | | | | | | | | |
| 4913N | Tubes 30 g, 3 | 3 | 1 | .. | *97.21 | 5.80 | DuoDERM Gel H7987 | CC |
| 4914P | Tube 50 g | 3 | 3 | .. | *33.22 | 5.80 | Solugel 10336 | JJ |

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—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 | .. | *30.61 | 5.80 | SoloSite Gel 36361338 | SN |
| 4894N | Tube 25 g | 4 | 3 | .. | *62.28 | 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 | .. | .. | *83.30 | 5.80 | Nu-Gel 2497 | JJ |
| 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 | .. | .. | *53.38 | 5.80 | Aquaclear 900796 | HR |
| 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 | .. | .. | *15.90 | 5.80 | Cutilin Non-Stick Wound Pad 36361374 | SN |
| 4860T | Dressings 5 cm x 5 cm, 5 | 2 | .. | .. | *16.58 | 5.80 | Melolin 36361357 | SN |
| 4861W | Dressings 10 cm x 10 cm, 10 | 1 | .. | .. | 33.80 | 5.80 | Melolin 66974933 | SN |
| 4862X | Dressings 10 cm x 10 cm, 5 | 2 | .. | .. | *25.50 | 5.80 | Cutilin Non-Stick Wound Pad 36361375 | SN |
| DRESSING—NON-ADHERENT | | | | | | | | |
| 4755G | Dressings 5 cm x 7.5 cm, 10 | 1 | .. | .. | 11.12 | 5.80 | Telfa 1970C | KE |
| 4758K | Dressings 7.5 cm x 10 cm, 6 | 1 | .. | .. | 11.33 | 5.80 | Telfa 2140C | KE |
| 4844Y | Dressings, self-adhesive, 7.5 cm x 10 cm, 6 | 1 | 2 | .. | 12.12 | 5.80 | Telfa 7650C | KE |
| 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 | .. | .. | 15.34 | 5.80 | Atrauman 499513 | 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 | |
|---|---|-------------|-------------|---------|--|--|-----------------------------|----|
| 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 | .. | .. | 63.72 | 5.80 | Mepitel 290510 | MH |
| 4244J | Dressings, non-woven, with silicone 7.5 cm x 10 cm, 10 | ¥1 | .. | .. | 107.72 | 5.80 | Mepitel 290710 | MH |
| DRESSING—TULLE NON-GAUZE—PARAFFIN | | | | | | | | |
| 4909J | Dressing 7.6 cm x 7.6 cm | 10 | 1 | .. | *15.82 | 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 | .. | 67.47 | 5.80 | Iodosorb Powder 66051070 | SN |
| 4932N | Tubes 10 g, 4 | ¥1 | 2 | .. | 108.67 | 5.80 | Iodosorb Ointment 66051240 | SN |
| 4933P | Tubes 20 g, 2 | ¥1 | 2 | .. | 107.65 | 5.80 | Iodosorb Ointment 66051230 | SN |
| 4935R | Sheets 5 g (6 cm x 4 cm), 5 | ¥1 | 2 | .. | 102.72 | 5.80 | Iodosorb 66051330 | SN |
| 4936T | Sachets 10 g (8 cm x 6 cm), 3 | ¥1 | 2 | .. | 148.45 | 5.80 | Iodosorb 66051340 | SN |
| 4937W | Sheets 17 g (10 cm x 8 cm), 2 | ¥1 | .. | .. | 156.46 | 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 | .. | .. | 175.99 | 5.80 | Biatain Ag 9622 | CT |
| 4647N | Hydroactive dressings adhesive 12.5 cm x 12.5 cm, 5 | ¥1 | .. | .. | 191.39 | 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. | | | | | | | | |
| 4648P | Tulle dressings 10 cm x 10 cm, 3 | ¥1 | .. | .. | 43.88 | 5.80 | Atrauman Ag 499572 | HR |
| GAUZE and COTTON TISSUE (COMBINE ROLL) | | | | | | | | |
| 4761N | Wrapped pack 10 cm x 10 m | ¥1 | .. | .. | 17.31 | 5.80 | JJ 12010 | JJ |
| 4767X | Wrapped pack 9 cm x 10 m | ¥1 | .. | .. | 15.49 | 5.80 | BSN 2902165 | BV |

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 | |
|--|---|-------------|-------------|---------|--|--|--|----|
| TAPES—NON-WOVEN RETENTION (POLYACRYLATE) | | | | | | | | |
| 4915Q | Roll 2.5 cm x 9.1 m | ‡1 | .. | .. | 12.97 | 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 | .. | .. | 11.14 | 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 | .. | .. | 21.47 | 5.80 | Mepitac 298300 | MH |
| 4240E | Roll 4 cm x 1.5 m | ‡1 | .. | .. | 21.47 | 5.80 | Mepitac 298400 | MH |
| TAPES—PLASTER ADHESIVE ELASTIC | | | | | | | | |
| 4780N | Roll 2.5 cm x 2.5 m | ‡1 | .. | .. | 12.86 | 5.80 | Leukoplast 01071-00 | BV |
| 4781P | Roll 5 cm x 2.5 m | ‡1 | .. | .. | 18.66 | 5.80 | Leukoplast 01072-00 | BV |
| 4782Q | Roll 7.5 cm x 2.5 m | ‡1 | .. | .. | 22.23 | 5.80 | Leukoplast 01073-00 | BV |
| TAPES—PLASTER ADHESIVE HYPOALLERGENIC | | | | | | | | |
| 4783R | Roll 1.25 cm x 5 m | ‡1 | .. | .. | 10.44 | 5.80 | Leukopor 2471 | BV |
| 4785W | Roll 1.25 cm x 5 m | ‡1 | .. | .. | 10.72 | 5.80 | Leukosilk 1021 | BV |
| 4787Y | Roll 2.5 cm x 5 m | ‡1 | .. | .. | 13.34 | 5.80 | Leukosilk 1022 | BV |
| 4788B | Stretch roll 5 cm x 5 m | ‡1 | .. | .. | 17.31 | 5.80 | Leukoflex 1124 | BV |
| 4789C | Roll 5 cm x 5 m | ‡1 | .. | .. | 17.15 | 5.80 | Leukosilk 1024 | BV |
| 4790D | Roll 5 cm x 5 m | ‡1 | .. | .. | 16.31 | 5.80 | Leukopor 2474 | BV |
| 4794H | Roll 2.5 cm x 5 m | ‡1 | .. | .. | 12.83 | 5.80 | Leukopor 2472 | BV |
| 4848E | Roll (dispenser) 1.9 cm x 5.4 m | ‡1 | .. | .. | 11.15 | 5.80 | Nexcare Durable Cloth First Aid Tape 799 | MM |
| 4849F | Roll (dispenser) 1.9 cm x 7.3 m | ‡1 | .. | .. | 11.15 | 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 | MM |
| 4812G | | 7.5 cm x 1.3 m | 1@ 5.44 | MM |
| 4813H | | 10 cm x 1.3 m | 1@ 7.31 | MM |
| 4814J | | 15 cm x 1.3 m | 1@ 10.88 | MM |
| 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 |
| 1905G | DRESSING—ALGINATE (CAVITY WOUND) | 2 g | 5@ 54.42 | CC |
| 4682K | | 2 g (40 cm), 6 | 1@ 65.65 | CT |
| 4832H | | 2 g | 1@ 10.27 | UM |
| 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 |

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

| Code | Name | Form/Strength | Pack and Price \$ | Manufacturer |
|-------|--|-------------------------------|----------------------|--------------|
| 4919X | DRESSING—HYDROACTIVE (CAVITY WOUND) | 10 cm x 10 cm, 5 | 1@ 90.26 | SN |
| 4906F | 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 September 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 \$ |
|----------------------|-------------------|---------|------------------------------------|
|----------------------|-------------------|---------|------------------------------------|

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 |
| Micardis | Tablet 40 mg | 28 | 2.00 |
| Micardis | 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 September 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 | 1.95 | <i>Acquin 5; Acquin Aspen 5; APO-Quinapril; Aquinafil; Pharmacor Quinapril 5; Qpril 5; Quinapril generichealth; Quinapril Pfizer; Quinapril Sandoz</i> |
| | Tablet 10 mg (as hydrochloride) | 30 | 1.95 | <i>Acquin 10; Acquin Aspen 10; APO-Quinapril; Aquinafil; Pharmacor Quinapril 10; Qpril 10; Quinapril generichealth; Quinapril Pfizer</i> |
| | Tablet 20 mg (as hydrochloride) | 30 | 1.95 | <i>Acquin 20; Acquin Aspen 20; APO-Quinapril; Aquinafil; Pharmacor Quinapril 20; Qpril 20; Quinapril-GA; Quinapril generichealth; Quinapril Pfizer; 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 | 2.70 | <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 | 2.81 | <i>APO-Glimepiride; Aylide 1; Diapride 1; Dimirel; Glimepiride GA 1; Glimepiride Sandoz; Pharmacor Glimepiride 1</i> |
| | Tablet 2 mg | 30 | 2.81 | <i>APO-Glimepiride; Aylide 2; Diapride 2; Dimirel; Glimepiride GA 2; Glimepiride Sandoz; Pharmacor Glimepiride 2</i> |
| | Tablet 3 mg | 30 | 2.80 | <i>APO-Glimepiride; Aylide 3; Diapride 3; Dimirel; Glimepiride GA 3; Glimepiride Sandoz; Pharmacor Glimepiride 3</i> |
| | Tablet 4 mg | 30 | 2.80 | <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-PS; 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-PS; 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 | 2.50 | <i>Cyprocur 50; Cyprohexal; Cyprone; Cyprostat; GenRx Cyproterone Acetate; Procur</i> |
| | Tablet 50 mg | 100 | 2.62 | <i>Cyprocur 50; Cyprohexal; Cyprone; Cyprostat; GenRx Cyproterone Acetate; Procur</i> |
| <i>Androcur-100</i> | Tablet 100 mg | 50 | 1.31 | <i>Cyprocur 100; Cyprohexal; Cyprostat-100; GenRx Cyproterone Acetate; Procur 100</i> |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------------|---|-------------|------------------------|--|
| <i>Anginine Stabilised</i> | Tablets 600 micrograms, 100 | 1 | 2.94 | <i>Lycinat</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; GenRx Paroxetine; Paroxetine 20; Paroxetine-GA; Paroxetine Sandoz; Paxtine; Roxet 20; Terry White Chemists Paroxetine</i> |
| <i>Astrix</i> | Tablet 100 mg | 112 | 1.08 | <i>Mayne Pharma Aspirin; Spren 100</i> |
| <i>Atrovent</i> | Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30 | 2 | 0.68 | <i>Aeron 250; APO-Ipratropium; Ipratrin; Ipravent</i> |
| <i>Atrovent Adult</i> | Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30 | 2 | 0.58 | <i>Aeron 500; APO-Ipratropium; Ipratrin Adult; Ipravent</i> |
| <i>Augmentin</i> | Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL | 1 | 1.58 | <i>Clamoxyl; Curam</i> |
| <i>Augmentin Duo</i> | Tablet 500 mg-125 mg | 10 | 1.57 | <i>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</i> |
| <i>Augmentin Duo 400</i> | Powder for syrup 400 mg-57 mg per 5 mL, 60 mL | 1 | 1.58 | <i>Clamoxyl Duo 400; Curam Duo</i> |
| <i>Augmentin Duo forte</i> | Tablet 875 mg-125 mg | 10 | 1.56 | <i>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</i> |
| <i>Aurorix</i> | Tablet 150 mg | 60 | 0.55 | <i>Amira 150; Chem mart Moclobemide; Clobemix; GenRx Moclobemide; Moclobemide-PS; Moclobemide Sandoz; Mohexal; Terry White Chemists Moclobemide</i> |
| <i>Aurorix 300 mg</i> | Tablet 300 mg | 60 | 1.10 | <i>Amira 300; Chem mart Moclobemide; Clobemix; GenRx Moclobemide; Moclobemide-PS; Moclobemide Sandoz; Terry White Chemists Moclobemide</i> |
| <i>Avanza</i> | Tablet 30 mg | 30 | 3.50 | <i>Aurozapine 30; Axit 30; Chem mart Mirtazapine; GenRx Mirtazapine; Mirtazapine-DP; Mirtazapine GH; Mirtazapine Sandoz; Mirtazon; Terry White Chemists Mirtazapine</i> |
| | Tablet 45 mg | 30 | 3.51 | <i>APO-Mirtazapine; Aurozapine 45; Axit 45; Chem mart Mirtazapine; Mirtazapine GH; Mirtazapine Sandoz; Mirtazon; Terry White Chemists Mirtazapine</i> |
| <i>Azopt</i> | Eye drops 10 mg per mL (1%), 5 mL | 1 | 1.18 | <i>BrinzoQuin</i> |
| <i>Betaloc</i> | Tablet 50 mg | 100 | 2.51 | <i>Chem mart Metoprolol; GenRx Metoprolol; Metohexal; Metrol 50; Minax 50; Terry White Chemists Metoprolol</i> |
| | Tablet 100 mg | 60 | 2.50 | <i>Chem mart Metoprolol; GenRx Metoprolol; Metohexal; Metrol 100; Minax 100; Terry White Chemists Metoprolol</i> |
| <i>Betnovate 1/2</i> | Cream 500 micrograms (base) per g (0.05%), 15 g | 1 | 2.94 | <i>Cortival 1/2</i> |
| | Ointment 500 micrograms (base) per g (0.05%), 15 g | 1 | 2.94 | <i>Cortival 1/2</i> |
| <i>Betnovate 1/5</i> | Cream 200 micrograms (base) per g (0.02%), 100 g | 2 | 6.88 | <i>Cortival 1/5</i> |
| <i>Betoptic</i> | Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL | 1 | 2.09 | <i>BetoQuin</i> |
| <i>Brevinor</i> | Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets | 4 | 7.68 | <i>Norimin 28 Day</i> |
| <i>Brevinor-1</i> | Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets | 4 | 7.68 | <i>Norimin-1 28 Day</i> |
| <i>Capoten</i> | Tablet 25 mg | 90 | 6.92 | <i>Captopril Sandoz; GenRx Captopril; Zedace</i> |
| | Tablet 50 mg | 90 | 5.38 | <i>Captopril Sandoz; GenRx Captopril; Zedace</i> |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------|---|----------|------------------|---|
| <i>Carafate</i> | Tablet equivalent to 1 g anhydrous sucralfate | 120 | 2.06 | <i>Ulcyte</i> |
| <i>Ceclor</i> | Powder for oral suspension 125 mg per 5 mL, 100 mL | 1 | 4.83 | <i>Aclor 125; Cefaclor Sandoz; Chem mart Cefaclor; GenRx Cefaclor; Keflor; Ozcef; Terry White Chemists Cefaclor</i> |
| | Powder for oral suspension 250 mg per 5 mL, 75 mL | 1 | 5.08 | <i>Aclor 250; Cefaclor Sandoz; Chem mart Cefaclor; GenRx Cefaclor; Keflor; Ozcef; Terry White Chemists Cefaclor</i> |
| <i>Ceclor CD</i> | Tablet 375 mg (sustained release) | 10 | 6.16 | <i>Cefaclor-GA; Cefaclor GH; Chem mart 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 | 4.45 | <i>APO-Citalopram; Auro-Citalopram 20; Celapram; Celica; Chem mart Citalopram; Ciazil; 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; Loxip 500</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; Loxip 750</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 | 0.96 | <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; Formet Aspen 500; GenRx Metformin; Glucobete 500; Glucophage; Metformin 500; Metformin-GA; Metformin generichealth; Metformin Pfizer; 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; Glucobete 1000; Metformin-GA; Metformin generichealth 1000; Metformin Pfizer; 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; Formet Aspen 850; GenRx Metformin; Glucobete 850; Glucophage; Metformin 850; Metformin-GA; Metformin generichealth; Metformin Pfizer; 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 | 2.86 | <i>Mayne Pharma Doxycycline</i> |
| | Capsule 50 mg (as hydrochloride) | 25 | 2.91 | <i>Mayne Pharma Doxycycline</i> |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|------------------------------------|---|-------------|------------------------|---|
| <i>Dulcolax</i> <i>Duphalac</i> | Capsule 100 mg (as hydrochloride) | 28 | 11.44 | <i>Mayne Pharma Doxycycline</i> |
| | Capsule 100 mg (as hydrochloride) | 21 | 3.89 | <i>Mayne Pharma Doxycycline</i> |
| | Suppositories 10 mg, 10 | 3 | 1.50 | <i>Petrus Bisacodyl Suppositories</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 | 2.54 | <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> |
| | Lotion 1 mg per g (0.1% w/w), 30 mL | 1 | 2.45 | <i>Novasone</i> |
| <i>Epilim EC</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 | 2.91 | <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 | 2.95 | <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 | 2.50 | <i>Adronat; Alendrobell 70mg; Alendronate-GA; Alendronate Sandoz; Alendro Once Weekly; APO-Alendronate; Chem mart Alendronate 70mg; Densate 70; 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> | Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g | 1 | 1.95 | <i>HPMC PAA</i> |
| <i>Glucophage</i> | Tablet 500 mg | 100 | 0.87 | <i>APO-Metformin 500; Chem mart Metformin; Diabex; Diaformin; Formet 500; Formet Aspen 500; GenRx Metformin; Glucobete 500; Metformin 500; Metformin-GA; Metformin generichealth; Metformin Pfizer; 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; Formet Aspen 850; GenRx Metformin; Glucobete 850; Metformin 850; Metformin-GA; Metformin generichealth; Metformin Pfizer; 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 | 3.00 | <i>APO-Trandolapril; Dolapril 2; Tranalpha; Trandolapril-DP; Trandolapril generichealth</i> |
| | Capsule 4 mg | 28 | 3.00 | <i>APO-Trandolapril; Dolapril 4;</i> |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------------|--|-------------|------------------------|---|
| | | | | <i>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; Isosorbide-PS; 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; Sumagran 50; Sumagran Aspen 50; Sumatab; 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> |
| <i>Isoptin 180 SR</i> | Tablet 180 mg (sustained release) | 30 | 3.50 | <i>Cordilox 180 SR</i> |
| <i>Isoptin SR</i> | Tablet 240 mg (sustained release) | 30 | 3.50 | <i>Cordilox SR</i> |
| <i>Keflex</i> | Capsule 250 mg | 20 | 3.94 | <i>Cefalexin Sandoz; Cephalixin generichealth; Cephalixin-PS; Cephatrust 250; Chem mart Cephalixin; Cilex; GenRx Cephalixin; Ialex; Ibilex 250; Pharmacor Cephalixin 250; Rancef; Terry White Chemists Cephalixin</i> |
| | Capsule 500 mg | 20 | 5.65 | <i>Cefalexin Sandoz; Cephalixin generichealth; Cephalixin-PS; Cephatrust 500; Chem mart Cephalixin; Cilex; 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 | 4.34 | <i>APO-Cephalixin; Cefalexin Sandoz; Chem mart Cephalixin; Cilex; GenRx Cephalixin; Ialex; Ibilex 125; Terry White Chemists Cephalixin</i> |
| | Granules for syrup 250 mg per 5 mL, 100 mL | 1 | 5.58 | <i>APO-Cephalixin; Cefalexin Sandoz; Chem mart Cephalixin; Cilex; 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; Clarithromycin-PS; 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; Torlemo DT 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; Torlemo DT 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; Torlemo DT 100</i> |
| | Tablet 200 mg | 56 | 1.85 | <i>APO-Lamotrigine; GenRx Lamotrigine; Lamidus; Lamogine; Lamotrigine-GA;</i> |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------------|---------------------------|-------------|------------------------|--|
| | | | | Lamotrigine generichealth; Lamotrigine-PS; Lamotrigine Sandoz; Lamotruster 200; Seaze 200; Torlemo DT 200 |
| Lanoxin | Tablet 250 micrograms | 100 | 2.94 | Sigmaxin |
| Lanoxin-PG | Tablet 62.5 micrograms | 200 | 2.95 | Sigmaxin-PG |
| Lasix | Tablet 40 mg | 100 | 2.40 | Chem mart Frusemide; Frusax; Frusemide-PS; Frusemide Sandoz; Frusid; GenRx Frusemide; Terry White Chemists Frusemide; Uremide |
| Lasix-M | Tablet 20 mg | 100 | 1.92 | Urex-M |
| Lexapro | Tablet 10 mg (as oxalate) | 28 | 2.97 | APO-Escitalopram; Chem mart Escitalopram; Escicor 10; Escitalopram-DRLA; Escitalopram GA; Escitalopram generichealth; Esipram; Esitalo; Lexam 10; LoxaLate; Pharmacor Escitalopram 10; Terry White Chemists Escitalopram |
| | Tablet 20 mg (as oxalate) | 28 | 4.33 | 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 | 3.33 | APO-Simvastatin; Auro-Simvastatin 10; Chem mart Simvastatin; GenRx Simvastatin; Pharmacor Simvastatin 10; Ransim; Simvacor 10; Simvar 10; Simvastatin-DP; Simvastatin-DRLA; Simvastatin-GA 10; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin Sandoz; Simvastatin-Spirit 10; Simvastatin Winthrop; Synthon Simvastatin; Terry White Chemists Simvastatin; Zimstat; Zocor |
| Lipex 20 | Tablet 20 mg | 30 | 3.31 | APO-Simvastatin; Auro-Simvastatin 20; Chem mart Simvastatin; GenRx Simvastatin; Pharmacor Simvastatin 20; Ransim; Simvacor 20; Simvar 20; Simvastatin-DP; Simvastatin-DRLA; Simvastatin-GA 20; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin Sandoz; Simvastatin-Spirit 20; Simvastatin Winthrop; Synthon Simvastatin; Terry White Chemists Simvastatin; Zimstat; Zocor |
| Lipex 40 | Tablet 40 mg | 30 | 3.32 | APO-Simvastatin; Auro-Simvastatin 40; Chem mart Simvastatin; GenRx Simvastatin; Pharmacor Simvastatin 40; Ransim; Simvacor 40; Simvar 40; Simvastatin-DP; Simvastatin-DRLA; Simvastatin-GA 40; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin Sandoz; Simvastatin-Spirit 40; Simvastatin Winthrop; Synthon Simvastatin; Terry White Chemists Simvastatin; Zimstat; Zocor |
| Lipex 80 | Tablet 80 mg | 30 | 3.32 | APO-Simvastatin; Auro-Simvastatin 80; Chem mart Simvastatin; GenRx Simvastatin; Pharmacor Simvastatin 80; Ransim; Simvacor 80; Simvar 80; Simvastatin-DP; Simvastatin-DRLA; Simvastatin-GA 80; Simvastatin generichealth; Simvastatin Pfizer; |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|-------------------------|---|----------|------------------|---|
| | | | | <i>Simvastatin Sandoz; Simvastatin-Spirit 80; Simvastatin Winthrop; Synthon Simvastatin; Terry White Chemists Simvastatin; Zimstat; Zocor</i> |
| <i>Liquifilm Forte</i> | Eye drops 30 mg per mL (3%), 15 mL | 1 | 5.59 | <i>PVA Forte</i> |
| <i>Liquifilm Tears</i> | Eye drops 14 mg per mL (1.4%), 15 mL | 1 | 1.60 | <i>PVA Tears</i> |
| <i>Lomotil</i> | Tablet 2.5 mg-25 micrograms | 20 | 1.72 | <i>Lofenoxal</i> |
| <i>Lopid</i> | Tablet 600 mg | 60 | 1.98 | <i>Ausgem; Chem mart Gemfibrozil; Gemhexal; GenRx Gemfibrozil; Jezil; Lipazil 600 mg; Lipigem; Pharmacor Gemfibrozil 600; Terry White Chemists Gemfibrozil</i> |
| <i>Losec Tablets</i> | Tablet 20 mg (as magnesium) | 30 | 2.23 | <i>Acimax Tablets; Omepral; Omeprazole Sandoz</i> |
| <i>Luvox</i> | Tablet containing fluvoxamine maleate 50 mg | 30 | 2.30 | <i>APO-Fluvoxamine; Faverin 50; Fluvoxamine GA; Movox 50; Voxam</i> |
| | Tablet containing fluvoxamine maleate 100 mg | 30 | 2.30 | <i>APO-Fluvoxamine; Faverin 100; Fluvoxamine GA; Movox 100; Voxam</i> |
| <i>Maxamox</i> | Tablet 1 g | 14 | 0.73 | <i>Amoxycillin Sandoz</i> |
| <i>Microgynon 30 ED</i> | Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets | 4 | 13.59 | <i>Levlen ED</i> |
| <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 | 1.35 | <i>Chem mart Meloxicam 7.5 mg; GenRx Meloxicam; Meloxicabell; Meloxicam-GA; Meloxicam-PS; 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 | 1.34 | <i>Chem mart Meloxicam 15 mg; GenRx Meloxicam; Meloxicabell; Meloxicam-GA; Meloxicam-PS; 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 | 2.04 | <i>Chem mart Indapamide; Dapa-Tabs; GenRx Indapamide; Indapamide-GA; Indapamide-PS; Indapamide Sandoz; Insig; Terry White Chemists Indapamide</i> |
| <i>Neurontin</i> | Capsule 100 mg | 100 | 1.95 | <i>APO-Gabapentin; DBL Gabapentin; Gabatine 100; Nupentin 100</i> |
| | Capsule 300 mg | 100 | 1.95 | <i>DBL Gabapentin; Gabapentin 300; Gabapentin-GA; Gabapentin Sandoz; Gabatine 300; Gantin; GenRx Gabapentin; Nupentin 300</i> |
| | Capsule 400 mg | 100 | 1.95 | <i>DBL Gabapentin; Gabapentin 400; Gabapentin Sandoz; Gabatine 400; Gantin; GenRx Gabapentin; Nupentin 400</i> |
| | Tablet 600 mg | 100 | 1.96 | <i>Gabaran; Gabatine 600; GenRx Gabapentin; Nupentin Tabs; Pharmacor Gabapentin 600</i> |
| | Tablet 800 mg | 100 | 1.95 | <i>Gabaran; Gabatine 800; Gantin; GenRx Gabapentin; Nupentin Tabs; Pharmacor Gabapentin 800</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 | 2.05 | <i>APO-Temazepam; Temaze; Temtabs</i> |
| | Tablet 10 mg | 50 | 4.10 | <i>APO-Temazepam; Temaze; Temtabs</i> |
| <i>Noroxin</i> | Tablet 400 mg | 14 | 3.91 | <i>Chem mart Norfloxacin; GenRx Norfloxacin; Norfloxacin-GA;</i> |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------------------|--|-------------|------------------------|---|
| Norvasc | Tablet 5 mg (as besylate) | 30 | 3.75 | Norfloxacin-PS; Norfloxacin Sandoz; Nufloxib; Roxin; Terry White Chemists Norfloxacin |
| | Tablet 10 mg (as besylate) | 30 | 5.50 | 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 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 |
| Oroxine | Tablet equivalent to 50 micrograms anhydrous thyroxine sodium | 200 | 2.21 | Eutroxsig |
| | Tablet equivalent to 75 micrograms anhydrous thyroxine sodium | 200 | 2.27 | Eutroxsig |
| | Tablet equivalent to 100 micrograms anhydrous thyroxine sodium | 200 | 2.21 | Eutroxsig |
| | Tablet equivalent to 200 micrograms anhydrous thyroxine sodium | 200 | 2.21 | Eutroxsig |
| Orudis SR 200 Panadeine Forte | Capsule 200 mg (sustained release) | 28 | 2.21 | Oruvail SR |
| | Tablet 30 mg-500 mg | 20 | 2.80 | APO- Paracetamol/Codeine 500/30; Codalgin Forte; Codapane Forte; Comfarol Forte; Prodeine Forte |
| | Tablet 30 mg-500 mg | 60 | 8.40 | APO- Paracetamol/Codeine 500/30; Codalgin Forte; Codapane Forte; Comfarol Forte; Prodeine Forte |
| Panafcort | Tablet 1 mg | 100 | 0.61 | Predson |
| Panafcortelone | Tablet 1 mg | 100 | 0.44 | Predsolone |
| Pepcidine | Tablet 40 mg | 30 | 3.84 | Ausfam 40; Chem mart Famotidine; Famotidine-PS; Famotidine Sandoz; GenRx Famotidine; Pamacid 40; Pepzan; Terry White Chemists Famotidine |
| Plendil ER | Tablet 2.5 mg (extended release) | 30 | 4.06 | Felodur ER 2.5 mg |
| | Tablet 5 mg (extended release) | 30 | 4.07 | Felodil XR 5; Felodur ER 5 mg |
| | Tablet 10 mg (extended release) | 30 | 4.08 | Felodil XR 10; Felodur ER 10 mg |
| Pravachol | Tablet containing pravastatin sodium 10 mg | 30 | 4.00 | APO-Pravastatin; Chem mart Pravastatin; Cholstat 10; GenRx Pravastatin; Lipostat 10; Pharmacor Pravastat 10; Pravastatin Actavis 10; Pravastatin-GA 10; Pravastatin generichealth; Pravastatin-PS; Pravastatin Sandoz; Pravastatin Winthrop; Terry White Chemists Pravastatin |
| | Tablet containing pravastatin sodium 20 mg | 30 | 3.99 | APO-Pravastatin; Chem mart Pravastatin; Cholstat 20; Cholvastin; GenRx Pravastatin; Lipostat 20; Pharmacor Pravastat 20; Pravastatin Actavis 20; Pravastatin-GA 20; Pravastatin generichealth; Pravastatin-PS; Pravastatin Sandoz; Pravastatin Winthrop; Terry White Chemists Pravastatin |
| | Tablet containing pravastatin sodium 40 mg | 30 | 4.26 | APO-Pravastatin; Chem mart Pravastatin; Cholstat 40; Cholvastin; GenRx Pravastatin; Lipostat 40; Pharmacor Pravastat 40; Pravastatin Actavis 40; Pravastatin-GA 40; Pravastatin generichealth; Pravastatin-PS; Pravastatin Sandoz; Pravastatin Winthrop; Terry White Chemists Pravastatin |
| | Tablet containing pravastatin sodium 80 mg | 30 | 4.25 | APO-Pravastatin; Chem mart |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------------|---|-------------|------------------------|---|
| <i>Prinivil 10</i> | Tablet 10 mg | 30 | 3.76 | <i>Pravastatin; Lipostat 80; Pravastatin-GA 80; Pravastatin generichealth; Pravastatin-PS; Pravastatin Sandoz; Terry White Chemists Pravastatin APO-Lisinopril; Chem mart Lisinopril; Fibsol 10; GenRx Lisinopril; Lisinopril 10; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisodur; Terry White Chemists Lisinopril; Zestril</i> |
| <i>Prinivil 20</i> | Tablet 20 mg | 30 | 3.75 | <i>APO-Lisinopril; Chem mart Lisinopril; Fibsol 20; GenRx Lisinopril; Lisinopril 20; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisodur; Terry White Chemists Lisinopril; Zestril</i> |
| <i>Prinivil 5</i> | Tablet 5 mg | 30 | 3.74 | <i>APO-Lisinopril; Chem mart Lisinopril; Fibsol 5; GenRx Lisinopril; Lisinopril 5; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisodur; Terry White Chemists Lisinopril; Zestril</i> |
| <i>Provera</i> | Tablet 10 mg | 100 | 1.95 | <i>Ralovera</i> |
| | Tablet 5 mg | 56 | 1.95 | <i>Ralovera</i> |
| | Tablet 10 mg | 30 | 1.95 | <i>Medroxyprogesterone Sandoz; Ralovera</i> |
| <i>Prozac 20</i> | Capsule 20 mg (as hydrochloride) | 28 | 3.53 | <i>Auscap; Chem mart Fluoxetine; Fluoxetine 20; Fluoxetine-GA; Fluoxetine generichealth; Fluoxetine-PS; Fluoxetine RBX; Fluoxetine Sandoz; GenRx Fluoxetine; Lovan; Terry White Chemists Fluoxetine; Zactin</i> |
| <i>Prozac Tab</i> | Tablet, dispersible, 20 mg (as hydrochloride) | 28 | 3.53 | <i>Lovan 20 Tab; Zactin Tablet</i> |
| <i>Redipred</i> | Oral solution equivalent to 5 mg prednisolone per mL, 30 mL | 1 | 2.36 | <i>PredMix</i> |
| <i>Renitec</i> | Tablet containing enalapril maleate 10 mg | 30 | 4.65 | <i>Acetec; Auspril; Chem mart Enalapril; Enalapril-GA; Enalapril generichealth; Enalapril-PS; Enalapril Sandoz; GenRx Enalapril; Terry White Chemists Enalapril</i> |
| <i>Renitec 20</i> | Tablet containing enalapril maleate 20 mg | 30 | 4.66 | <i>Acetec; Auspril; Chem mart Enalapril; Enalapril-GA; Enalapril generichealth; Enalapril-PS; Enalapril Sandoz; GenRx Enalapril; Terry White Chemists Enalapril</i> |
| <i>Renitec M</i> | Tablet containing enalapril maleate 5 mg | 30 | 4.66 | <i>Acetec; Auspril; Chem mart Enalapril; Enalapril-GA; Enalapril generichealth; Enalapril-PS; Enalapril Sandoz; GenRx Enalapril; Terry White Chemists Enalapril</i> |
| <i>Rivotril</i> | Tablet 500 micrograms | 100 | 1.71 | <i>Paxam 0.5</i> |
| | Tablet 500 micrograms | 200 | 3.42 | <i>Paxam 0.5</i> |
| | Tablet 2 mg | 100 | 1.93 | <i>Paxam 2</i> |
| | Tablet 2 mg | 200 | 3.86 | <i>Paxam 2</i> |
| <i>Rulide</i> | Tablet 150 mg | 10 | 2.61 | <i>APO-Roxithromycin; Biaxsig; Chem mart Roxithromycin; Roxar 150; Roximycin; Roxithromycin-GA; Roxithromycin-PS; Roxithromycin Sandoz; Terry White Chemists Roxithromycin</i> |
| | Tablet 300 mg | 5 | 2.61 | <i>APO-Roxithromycin; Biaxsig; Chem mart Roxithromycin; Roxar 300; Roximycin; Roxithromycin-GA; Roxithromycin-PS; Roxithromycin Sandoz; Terry White Chemists Roxithromycin</i> |
| <i>Salazopyrin-EN</i> | Tablet 500 mg (enteric coated) | 200 | 1.84 | <i>Pyralin EN</i> |
| <i>Septtrin Forte</i> | Tablet 160 mg-800 mg | 10 | 1.46 | <i>Bactrim DS; Resprim Forte</i> |
| <i>Serepax</i> | Tablet 15 mg | 25 | 2.69 | <i>Alepam 15</i> |
| | Tablet 15 mg | 50 | 5.38 | <i>Alepam 15</i> |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------------|---|-------------|------------------------|--|
| Sigmacort | Tablet 30 mg | 25 | 2.69 | Alepam 30; APO-Oxazepam; Murelax |
| | 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% |
| | 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% |
| Sinemet | 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 | 4.99 | GenRx Sotalol; Solavert; Sotalol Sandoz |
| | Tablet 160 mg | 60 | 5.00 | Cardol; Chem mart Sotalol; GenRx Sotalol; Solavert; Sotalol Sandoz; Terry White Chemists Sotalol |
| Stemetil | Tablet containing prochlorperazine maleate 5 mg | 25 | 2.57 | 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 | 2.04 | Poly-Tears |
| Tenormin | Tablet 50 mg | 30 | 2.21 | APO-Atenolol; Atenolol-GA; Atenolol generichealth; Atenolol-PS; Atenolol Sandoz; Chem mart Atenolol; Noten; Tensig; Terry White Chemists Atenolol |
| Timoptol | Eye drops 5 mg (base) per mL (0.5%), 5 mL | 1 | 3.03 | Tenopt |
| Tofranal 10 | Tablet 10 mg | 50 | 2.79 | Tolerade 10 |
| Tofranal 25 | Tablet 25 mg | 50 | 2.79 | Tolerade 25 |
| Tolvon | Tablet 10 mg | 50 | 3.30 | Lumin 10 |
| | Tablet 20 mg | 50 | 3.30 | Lumin 20 |
| Tramal | Capsule 50 mg | 20 | 2.41 | APO-Tramadol; Chem mart Tramadol; GA Tramadol 50mg; GenRx Tramadol; Lodam 50; Terry White Chemists Tramadol; Tramadol Sandoz; Tramedo; Zydol |
| Tramal SR 100 | Tablet 100 mg (twice daily sustained release) | 20 | 4.50 | 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 |
| Tramal SR 150 | Tablet 150 mg (twice daily sustained release) | 20 | 5.37 | 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 |
| Tramal SR 200 | Tablet 200 mg (twice daily sustained release) | 20 | 6.09 | 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 |
| Trandate | Tablet 100 mg | 100 | 3.13 | Presolol 100 |
| | Tablet 200 mg | 100 | 3.14 | Presolol 200 |
| Triphasil 28 | 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 | Trifeme 28 |
| Triprim | Tablet 300 mg | 7 | 1.89 | Alprim |
| Triquilar ED | 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 | Logynon ED |
| Valium | Tablet 2 mg | 50 | 0.82 | Antenex 2; APO-Diazepam; Ranzepam; Valpam 2 |
| | Tablet 5 mg | 50 | 0.85 | Antenex 5; APO-Diazepam; Diazepam-GA; Ranzepam; Valpam 5 |
| Vastin | Capsule 20 mg (as sodium) | 28 | 3.09 | Lescol |
| | Capsule 40 mg (as sodium) | 28 | 3.36 | Lescol |
| Ventolin CFC-free | Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation | 2 | 2.32 | Airomir; APO-Salbutamol Inhaler; Asmol CFC-free |
| Ventolin Nebules | Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 | 2 | 1.34 | Asmol 2.5 uni-dose; Butamol 2.5; GenRx Salbutamol; Pharmacor Salbutamol 2.5; Salbutamol-GA; |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------------|--|-------------|------------------------|---|
| | Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 | 2 | 1.36 | Salbutamol Sandoz |
| <i>Vibra-Tabs</i> | Tablet 50 mg (as hydrochloride) | 25 | 1.95 | Asmol 5 uni-dose; Butamol 5; GenRx Salbutamol; Pharmacor Salbutamol 5; Salbutamol-GA; Salbutamol Sandoz |
| <i>Viscotears</i> | Eye gel 2 mg per g (0.2%), 10 g | 1 | 1.50 | Doxy-50; Doxylin 50 |
| <i>Visken 15</i> | Tablet 15 mg | 50 | 2.57 | PAA |
| <i>Voltaren 25</i> | Tablet 25 mg (enteric coated) | 100 | 2.32 | Barbloc 15 |
| | | | | APO-Diclofenac; Chem mart |
| | | | | Diclofenac; Clonac 25; Diclofenac-GA; Diclofenac Sandoz; Fenac 25; Terry White Chemists Diclofenac |
| <i>Voltaren 50</i> | Tablet 50 mg (enteric coated) | 50 | 2.34 | APO-Diclofenac; Chem mart |
| | | | | Diclofenac; Clonac 50; Diclofenac-GA; Diclofenac Sandoz; Fenac; Terry White Chemists Diclofenac |
| <i>Xanax</i> | Tablet 250 micrograms | 50 | 1.96 | Alprax 0.25; Alprazolam Sandoz; Kalma 0.25 |
| | Tablet 500 micrograms | 50 | 1.95 | Alprax 0.5; Alprazolam Sandoz; Kalma 0.5 |
| | Tablet 1 mg | 50 | 1.95 | Alprax 1; Alprazolam Sandoz; Chem mart Alprazolam; GenRx Alprazolam; Kalma 1; Ralozam; Terry White Chemists Alprazolam |
| <i>Xanax Tri-Score</i> | Tablet 2 mg | 50 | 1.96 | Alprax 2; Alprazolam Sandoz; Chem mart Alprazolam; GenRx Alprazolam; Kalma 2; Ralozam; Terry White Chemists Alprazolam |
| <i>Zanidip</i> | Tablet 10 mg | 28 | 2.66 | APO-Lercanidipine; Chem mart Lercanidipine; Lercadip; Lercan; Lercanidipine Sandoz; Terry White Chemists Lercanidipine; Zircol |
| | Tablet 20 mg | 28 | 2.64 | APO-Lercanidipine; Chem mart Lercanidipine; Lercadip; Lercan; Lercanidipine Sandoz; Terry White Chemists Lercanidipine; Zircol |
| <i>Zantac</i> | Tablet 150 mg (base) | 60 | 2.35 | Ausran; Chem mart Ranitidine; GenRx Ranitidine; Rani 2; Ranitidine-PS; Ranitidine Sandoz; Ranoxyl; Terry White Chemists Ranitidine; Ulcaid |
| | Tablet 300 mg (base) | 30 | 2.35 | Ausran; Chem mart Ranitidine; GenRx Ranitidine; Rani 2; Ranitidine Sandoz; Terry White Chemists Ranitidine; Ulcaid |
| <i>Zestril</i> | Tablet 5 mg | 30 | 1.47 | APO-Lisinopril; Chem mart Lisinopril; Fibsol 5; GenRx Lisinopril; Lisinopril 5; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisodur; Prinivil 5; Terry White Chemists Lisinopril |
| | Tablet 10 mg | 30 | 1.47 | APO-Lisinopril; Chem mart Lisinopril; Fibsol 10; GenRx Lisinopril; Lisinopril 10; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisodur; Prinivil 10; Terry White Chemists Lisinopril |
| | Tablet 20 mg | 30 | 1.47 | APO-Lisinopril; Chem mart Lisinopril; Fibsol 20; GenRx Lisinopril; Lisinopril 20; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisodur; Prinivil 20; Terry White Chemists Lisinopril |
| <i>Zocor</i> | Tablet 5 mg | 30 | 3.32 | Simvastatin Sandoz; Zimstat |
| | Tablet 10 mg | 30 | 3.33 | APO-Simvastatin; Auro-Simvastatin 10; Chem mart Simvastatin; GenRx Simvastatin; Lipex 10; Pharmacor Simvastatin 10; Ransim; Simvacor 10; Simvar 10; Simvastatin-DP; Simvastatin-DRLA; Simvastatin-GA 10; |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium \$ | Benchmark Priced Brands |
|----------------------------|-----------------------------------|-------------|------------------------|--|
| | Tablet 20 mg | 30 | 3.31 | Simvastatin generichealth; Simvastatin Pfizer; Simvastatin Sandoz; Simvastatin-Spirit 10; Simvastatin Winthrop; Synthon Simvastatin; Terry White Chemists Simvastatin; Zimstat APO-Simvastatin; Auro-Simvastatin 20; Chem mart Simvastatin; GenRx Simvastatin; Lipex 20; Pharmacor Simvastatin 20; Ransim; Simvacor 20; Simvar 20; Simvastatin-DP; Simvastatin-DRLA; Simvastatin-GA 20; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin Sandoz; Simvastatin-Spirit 20; Simvastatin Winthrop; Synthon Simvastatin; Terry White Chemists Simvastatin; Zimstat APO-Simvastatin; Auro-Simvastatin 40; Chem mart Simvastatin; GenRx Simvastatin; Lipex 40; Pharmacor Simvastatin 40; Ransim; Simvacor 40; Simvar 40; Simvastatin-DP; Simvastatin-DRLA; Simvastatin-GA 40; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin Sandoz; Simvastatin-Spirit 40; Simvastatin Winthrop; Synthon Simvastatin; Terry White Chemists Simvastatin; Zimstat APO-Simvastatin; Auro-Simvastatin 80; Chem mart Simvastatin; GenRx Simvastatin; Lipex 80; Pharmacor Simvastatin 80; Ransim; Simvacor 80; Simvar 80; Simvastatin-DP; Simvastatin-DRLA; Simvastatin-GA 80; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin Sandoz; Simvastatin-Spirit 80; Simvastatin Winthrop; Synthon Simvastatin; Terry White Chemists Simvastatin; Zimstat |
| | Tablet 40 mg | 30 | 3.32 | Auro-Sertraline 50; Chem mart Sertraline; Eleva 50; GenRx Sertraline; Sertra 50; Sertracor 50; Sertraline 50; Sertraline-DRLA; Sertraline-GA; Sertraline generichealth; Sertraline Pfizer; Sertraline Sandoz; Setrona; Terry White Chemists Sertraline; Xydep 50 |
| | Tablet 80 mg | 30 | 3.32 | Auro-Sertraline 100; Chem mart Sertraline; Eleva 100; GenRx Sertraline; Sertra 100; Sertracor 100; Sertraline 100; Sertraline-DRLA; Sertraline-GA; Sertraline generichealth; Sertraline Pfizer; Sertraline Sandoz; Setrona; Terry White Chemists Sertraline; Xydep 100 |
| Zoloft | Tablet 50 mg (as hydrochloride) | 30 | 1.95 | Acihexal; Acyclo-V 200; Lovir |
| | Tablet 100 mg (as hydrochloride) | 30 | 1.95 | Aciclovir 200; Aciclovir GH; Acihexal; Acyclo-V 200; Chem mart Aciclovir; GenRx Aciclovir; Lovir; Ozvir; Terry White Chemists Aciclovir |
| Zovirax 200 mg | Tablet 200 mg | 50 | 4.10 | Aciclovir 800; Acihexal; Acyclo-V 800; GenRx Aciclovir |
| | Tablet 200 mg | 90 | 3.06 | Prexaton |
| Zovirax 800 mg | Tablet 800 mg | 35 | 1.49 | Prexaton |
| Zyban | Tablet 150 mg (sustained release) | 30 | 0.80 | Allopurinol Sandoz; Allosig; Chem mart Allopurinol; GenRx Allopurinol; Terry White Chemists Allopurinol |
| | Tablet 150 mg (sustained release) | 90 | 0.81 | Allopurinol Sandoz; Allosig; Chem mart Allopurinol; GenRx Allopurinol; Progout 300; Terry White Chemists Allopurinol |
| Zyloprim | Tablet 100 mg | 200 | 2.85 | |
| | Tablet 300 mg | 60 | 2.85 | |