Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 October 2012

PHARMACEUTICAL BENEFITS

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

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 October 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 – Item

2041K **Carbomer with Triglyceride Lipids**, Eye gel 2 mg-10 mg per g (0.2%-1%), 10 g *(Artelac)*

2044N **Carbomer with Triglyceride Lipids**, Eye gel 2 mg-10 mg per g (0.2%-1%), 10 g *(Artelac)*

2082N **Carbomer with Triglyceride Lipids**, Eye gel 2 mg-10 mg per g (0.2%-1%), 10 g *(Artelac)***(Optometrical)**

2058H **Carbomer with Triglyceride Lipids**, Eye gel 2 mg-10 mg per g (0.2%-1%), single dose units 0.6 g, 30 *(Artelac)*

2090B **Carbomer with Triglyceride Lipids**, Eye gel 2 mg-10 mg per g (0.2%-1%), single dose units 0.6 g, 30 *(Artelac)***(Optometrical)**

2029T **Pazopanib**, Tablet 200 mg (as hydrochloride) *(Votrient)*

2030W **Pazopanib**, Tablet 400 mg (as hydrochloride) *(Votrient)*

2034C **Pazopanib**, Tablet 200 mg (as hydrochloride) *(Votrient)*

2035D **Pazopanib**, Tablet 400 mg (as hydrochloride) *(Votrient)*

2138M **Phenobarbitone**, Injection 200 mg (as sodium) in 1 mL *(Fawns and McAllan Proprietary Limited)*

Addition – Brand

1884E *Yomax 250, DO* – **Amoxycillin**, Capsule 250 mg

3301R *Yomax 250, DO* – **Amoxycillin**, Capsule 250 mg **(Dental)**

1889K *Yomax 500, DO* – **Amoxycillin**, Capsule 500 mg

3300Q *Yomax 500, DO* – **Amoxycillin**, Capsule 500 mg **(Dental)**

8179L *Pharmacor Anastrozole 1, CR* – **Anastrozole**, Tablet 1 mg

1788D *Ceftriaxone Alphapharm, AF* – **Ceftriaxone**, Powder for injection 1 g

1785Y *Ceftriaxone Alphapharm, AF* – **Ceftriaxone**, Powder for injection 2 g

9317J *APO-Clopidogrel, TX* – **Clopidogrel**, Tablet 75 mg (as hydrogen sulfate)

1335G *Diltiazem-PS, FZ* – **Diltiazem Hydrochloride**, Tablet 60 mg

8897G *Famciclovir Sandoz, SZ* – **Famciclovir**, Tablet 500 mg

8896F *Famciclovir Sandoz, SZ* – **Famciclovir**, Tablet 500 mg

2414C *APO-Frusemide, TX* – **Frusemide**, Tablet 20 mg

2412Y *APO-Frusemide, TX* – **Frusemide**, Tablet 40 mg

2592K *Isotretinoin-PS, FZ* – **Isotretinoin**, Capsule 20 mg

8245Y *Pharmacor Letrozole 2.5, CR* – **Letrozole**, Tablet 2.5 mg

8654L *Levetiracetam Pfizer, FZ* – **Levetiracetam**, Tablet 250 mg

8655M *Levetiracetam Pfizer, FZ* – **Levetiracetam**, Tablet 500 mg

8656N *Levetiracetam Pfizer, FZ* – **Levetiracetam**, Tablet 1 g

2456G *Zinopril 5, AL* – **Lisinopril**, Tablet 5 mg

2457H *Zinopril 10, AL* – **Lisinopril**, Tablet 10 mg

2458J *Zinopril 20, AL* – **Lisinopril**, Tablet 20 mg

5146W *MagMin (PBS), BB* – **Magnesium**, Tablet 37.4 mg (as aspartate dihydrate)

8855C *Mirtazapine Dispersible Pfizer, FZ* – **Mirtazapine**, Tablet 15 mg (orally disintegrating)

8856D *Mirtazapine Dispersible Pfizer, FZ* – **Mirtazapine**, Tablet 30 mg (orally disintegrating)

8857E *Mirtazapine Dispersible Pfizer, FZ* – **Mirtazapine**, Tablet 45 mg (orally disintegrating)

9365X *Mirtazapine Pfizer, FZ* – **Mirtazapine**, Tablet 15 mg

8513C *Mirtazapine Pfizer, FZ* – **Mirtazapine**, Tablet 30 mg

8883M *Mirtazapine Pfizer, FZ* – **Mirtazapine**, Tablet 45 mg

8649F *Cellplant, WQ* – **Mycophenolate Mofetil**, Capsule 250 mg

8650G *Cellplant, WQ* – **Mycophenolate Mofetil**, Tablet 500 mg

3381Y *STADA Olanzapine ODT, TD* – **Olanzapine**, Tablet 5 mg (orally disintegrating)

3382B *STADA Olanzapine ODT, TD* – **Olanzapine**, Tablet 10 mg (orally disintegrating)

8399C *I-Pantoprazole, CR* – **Pantoprazole Sodium Sesquihydrate**, Tablet (enteric coated), equivalent to 20 mg pantoprazole

8007K *I-Pantoprazole, CR* – **Pantoprazole Sodium Sesquihydrate**, Tablet (enteric coated), equivalent to 40 mg pantoprazole

8008L *I-Pantoprazole, CR* – **Pantoprazole Sodium Sesquihydrate**, Tablet (enteric coated), equivalent to 40 mg pantoprazole

2242B *Paroxetine-PS, FZ* – **Paroxetine**, Tablet 20 mg (as hydrochloride)

8449Q *Indosyl Combi 4/1.25, QA* – **Perindopril with Indapamide Hemihydrate**, Tablet containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate

8694N *Pioglitazone Pfizer, FZ* – **Pioglitazone**, Tablet 15 mg (as hydrochloride)

8695P *Pioglitazone Pfizer, FZ* – **Pioglitazone**, Tablet 30 mg (as hydrochloride)

8696Q *Pioglitazone Pfizer, FZ* – **Pioglitazone**, Tablet 45 mg (as hydrochloride)

8456C *Quetiapine-GA, GN* – **Quetiapine**, Tablet 25 mg (as fumarate)

8457D *Quetiapine-GA, GN* – **Quetiapine**, Tablet 100 mg (as fumarate)

8458E *Quetiapine-GA, GN* – **Quetiapine**, Tablet 200 mg (as fumarate)

8580N *Quetiapine-GA, GN* – **Quetiapine**, Tablet 300 mg (as fumarate)

9391G *APO-Risedronate, TX* – **Risedronate Sodium**, Tablet 150 mg

9391G *Chem mart Risedronate, CH* – **Risedronate Sodium**, Tablet 150 mg

9391G *Terry White Chemists Risedronate, TW* – **Risedronate Sodium**, Tablet 150 mg

8973G *Risedronate Winthrop EC Combi, WA* – **Risedronate Sodium and Calcium Carbonate**, Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)

8974H *Risedronate Winthrop EC Combi D, WA* – **Risedronate Sodium and Calcium Carbonate with Colecalciferol**, 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

The following brand additions have occurred due to pack size changes which negate the need for split listings where there is more than 1 pack size.

8729K *Granisetron Kabi, PK* – **Granisetron Hydrochloride**, Concentrated injection 3 mg (base) in 3 mL

8730L *Granisetron Kabi, PK* – **Granisetron Hydrochloride**, Concentrated injection 3 mg (base) in 3 mL

Addition – Equivalence Indicator

9365X *Axit 15, AF* – **Mirtazapine**, Tablet 15 mg

9391G *Actonel Once-a-Month, SW* – **Risedronate Sodium**, Tablet 150 mg

8973G *Actonel EC Combi, SW* – **Risedronate Sodium and Calcium Carbonate**, Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)

8974H *Actonel EC Combi D, SW* – **Risedronate Sodium and Calcium Carbonate with Colecalciferol**, 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

Deletions

Deletion – Item

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)*

9324R **Glucose Indicator—blood**, Test strips, 50 *(AgaMatrix Jazz)*

9325T **Glucose Indicator—blood**, Test strips, 50 *(AgaMatrix Jazz)*

9310B **Nebivolol**, Tablet 1.25 mg (as hydrochloride), 28 *(Nebilet)*

1853M **Phenobarbitone Sodium**, Injection 200 mg in 1 mL *(Fawns and McAllan Proprietary Limited)*

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)**

The following item deletions have occurred due to pack size changes which negate the need for a split listings where there is more than 1 pack size.

1812J **Granisetron Hydrochloride**, Concentrated injection 3 mg (base) in 3 mL *(Granisetron Kabi)*

1814L **Granisetron Hydrochloride**, Concentrated injection 3 mg (base) in 3 mL *(Granisetron Kabi)*

Deletion – Brand

8094B *Bicalutamide Ranbaxy, RA* – **Bicalutamide**, Tablet 50 mg

2460L *Ozcef, RA* – **Cefaclor**, Powder for oral suspension 125 mg per 5 mL, 100 mL

2461M *Ozcef, RA* – **Cefaclor**, Powder for oral suspension 250 mg per 5 mL, 75 mL

5046N *Ozcef, RA* – **Cefaclor**, Powder for oral suspension 125 mg per 5 mL, 100 mL **(Dental)**

5047P *Ozcef, RA* – **Cefaclor**, Powder for oral suspension 250 mg per 5 mL, 75 mL **(Dental)**

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

2456G *Lisinopril Ranbaxy, RA* – **Lisinopril**, Tablet 5 mg

2457H *Lisinopril Ranbaxy, RA* – **Lisinopril**, Tablet 10 mg

2458J *Lisinopril Ranbaxy, RA* – **Lisinopril**, Tablet 20 mg

1594X *Zondan, GM* – **Ondansetron**, Tablet 4 mg (as hydrochloride dihydrate)

8224W *Zondan, GM* – **Ondansetron**, Tablet 4 mg (as hydrochloride dihydrate)

8225X *Zondan, GM* – **Ondansetron**, Tablet 8 mg (as hydrochloride dihydrate)

1595Y *Zondan, GM* – **Ondansetron**, Tablet 8 mg (as hydrochloride dihydrate)

8449Q *Indopril Combi 4/1.25, QA* – **Perindopril with Indapamide Hemihydrate**, Tablet containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate

Deletion – Note

8729K **Granisetron Hydrochloride**, Concentrated injection 3 mg (base) in 3 mL *(Kytril)*

8730L **Granisetron Hydrochloride**, Concentrated injection 3 mg (base) in 3 mL *(Kytril)*

Alterations

Alteration – Number of Repeats

		From:	*To:*
8740B	**Calcium Folinate**, Injection equivalent to 50 mg folinic acid in 5 mL *(Leucovorin Calcium (Hospira Pty Limited))*	5	2
1575X	**Calcium Folinate**, Injection equivalent to 50 mg folinic acid in 5 mL *(Calcium Folinate Ebewe)*	5	2
1610R	**Calcium Folinate**, Injection equivalent to 50 mg folinic acid in 5 mL *(Leucovorin Calcium (Pfizer Australia Pty Ltd))*	5	2
1638F	**Metronidazole**, I.V. infusion 500 mg in 100 mL *(Baxter Healthcare Pty Ltd)*	1	0
1821W	**Metronidazole**, I.V. infusion 500 mg in 100 mL *(DBL Metronidazole Intravenous Infusion)*	1	0

Alteration – Maximum Quantity

		From:	*To:*
1575X	**Calcium Folinate**, Injection equivalent to 50 mg folinic acid in 5 mL *(Calcium Folinate Ebewe)*	5	10

		From:	To:
1610R	**Calcium Folinate**, Injection equivalent to 50 mg folinic acid in 5 mL *(Leucovorin Calcium (Pfizer Australia Pty Ltd))*	5	10
8740B	**Calcium Folinate**, Injection equivalent to 50 mg folinic acid in 5 mL *(Leucovorin Calcium (Hospira Pty Limited))*	5	10
1638F	**Metronidazole**, I.V. infusion 500 mg in 100 mL *(Baxter Healthcare Pty Ltd)*	5	10
5154G	**Metronidazole**, I.V. infusion 500 mg in 100 mL *(Baxter Healthcare Pty Ltd)***(Dental)**	5	10
1821W	**Metronidazole**, I.V. infusion 500 mg in 100 mL *(DBL Metronidazole Intravenous Infusion)*	5	10
1832K	**Metronidazole**, I.V. infusion 500 mg in 100 mL *(DBL Metronidazole Intravenous Infusion)***(Dental)**	5	10

Alteration – Restriction

9417P **Sunitinib**, Capsule 12.5 mg (as malate) *(Sutent)*

9418Q **Sunitinib**, Capsule 25 mg (as malate) *(Sutent)*

9419R **Sunitinib**, Capsule 50 mg (as malate) *(Sutent)*

9420T **Sunitinib**, Capsule 12.5 mg (as malate) *(Sutent)*

9421W **Sunitinib**, Capsule 25 mg (as malate) *(Sutent)*

9422X **Sunitinib**, Capsule 50 mg (as malate) *(Sutent)*

Alteration – Note

8511Y **Alendronate Sodium**, Tablet equivalent to 70 mg alendronic acid *(Fosamax Once Weekly, Alendro Once Weekly, Alendrobell 70mg, Ossmax 70mg, APO-Alendronate, Chem mart Alendronate 70mg, Terry White Chemists Alendronate 70mg, Adronat, Alendronate Sandoz, Alendronate-GA, Densate 70)*

9012H **Alendronate Sodium with Colecalciferol**, Tablet equivalent to 70 mg alendronic acid with 70 micrograms colecalciferol *(Fosamax Plus)*

9183H **Alendronate Sodium with Colecalciferol**, Tablet equivalent to 70 mg alendronic acid with 140 micrograms colecalciferol *(Fosamax Plus 70 mg/140 mcg, Dronalen Plus)*

9351E **Alendronate Sodium with Colecalciferol and Calcium Carbonate**, 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) *(Fosamax Plus D-Cal, Dronalen Plus D-Cal)*

5457F **Denosumab**, Injection 60 mg in 1 mL pre-filled syringe *(Prolia)*

8363E **Raloxifene Hydrochloride**, Tablet 60 mg *(Evista)*

8481J **Risedronate Sodium**, Tablet 5 mg *(Actonel)*

8621R **Risedronate Sodium**, Tablet 35 mg *(Chem mart Risedronate, APO-Risedronate, Terry White Chemists Risedronate, Acris Once-a-Week, Risedro once a week, Risedronate Sandoz, Risedronate-GA)*

8972F **Risedronate Sodium**, Tablet 35 mg (enteric coated) *(Actonel EC)*

9391G **Risedronate Sodium**, Tablet 150 mg *(Actonel Once-a-Month, Chem mart Risedronate, APO-Risedronate, Terry White Chemists Risedronate)*

8899J **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) *(Acris Combi)*

8973G **Risedronate Sodium and Calcium Carbonate**, Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium) *(Actonel EC Combi, Risedronate Winthrop EC Combi)*

8974H **Risedronate Sodium and Calcium Carbonate with Colecalciferol**, 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 *(Actonel EC Combi D, Risedronate Winthrop EC Combi D)*

3036T **Strontium Ranelate**, Sachet containing granules for oral suspension 2 g *(Protos 2 g)*

9288W **Zoledronic Acid**, Solution for I.V. infusion 5 mg (as monohydrate) in 100 mL *(Aclasta)*

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Additions

Addition – Brand

6208R *Cellplant, WQ* – **Mycophenolate Mofetil**, Capsule 250 mg **(Private)**

6209T *Cellplant, WQ* – **Mycophenolate Mofetil**, Tablet 500 mg **(Private)**

9501C *Cellplant, WQ* – **Mycophenolate Mofetil**, Capsule 250 mg **(Public)**

9502D *Cellplant, WQ* – **Mycophenolate Mofetil**, Tablet 500 mg **(Public)**

Alterations

Alteration – Manufacturer's Code

		From:	*To:*
6153W	*Retrovir, VI* – **Zidovudine**, Capsule 100 mg **(Private)**	GK	VI
6154X	*Retrovir, VI* – **Zidovudine**, Capsule 250 mg **(Private)**	GK	VI
6155Y	*Retrovir, VI* – **Zidovudine**, Syrup 10 mg per mL, 200 mL **(Private)**	GK	VI
9570Q	*Retrovir, VI* – **Zidovudine**, Syrup 10 mg per mL, 200 mL **(Public)**	GK	VI
9651Y	*Retrovir, VI* – **Zidovudine**, Capsule 100 mg **(Public)**	GK	VI
9652B	*Retrovir, VI* – **Zidovudine**, Capsule 250 mg **(Public)**	GK	VI

SECTION 100 – IVF/GIFT TREATMENT

Additions

Addition – Item

2036E **Human Menopausal Gonadotrophin**, Powder for injection 600 IU with solvent *(Menopur 600)*

2038G **Human Menopausal Gonadotrophin**, Powder for injection 1200 IU with solvent *(Menopur 1200)*

REPATRIATION PHARMACEUTICAL BENEFITS

Deletions

Deletion – Item

4061R **Codeine Phosphate with Aspirin**, Tablet soluble 8 mg-300 mg *(Aspalgin)*

Alterations

Alteration – Brand Name

From:

4263J *Allevyn Ag Gentle 66800460, SN* – **Dressing—foam—silver**, Dressings 7.5 cm x 7.5 cm, 10

To:

4263J *Allevyn Ag Gentle Border 66800460, SN* – **Dressing—foam—silver**, Dressings 7.5 cm x 7.5 cm, 10

From:

4266M *Allevyn Ag Gentle 66800461, SN* – **Dressing—foam—silver**, Dressings 10 cm x 10 cm, 10

To:

4266M *Allevyn Ag Gentle Border 66800461, SN* – **Dressing—foam—silver**, Dressings 10 cm x 10 cm, 10

From:

4270R *Allevyn Ag Gentle 66800462, SN* – **Dressing—foam—silver**, Dressings 12.5 cm x 12.5 cm, 10

To:

4270R *Allevyn Ag Gentle Border 66800462, SN* – **Dressing—foam—silver**, Dressings 12.5 cm x 12.5 cm, 10

Advance Notices

Advance Notices – Deletion of Item

The following item 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

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)

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	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, 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]2.49	30.11	28.73	[a]	Fosamax Once Weekly	MK
	ALENDRONATE SODIUM 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)** ***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.								

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	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, raloxifene hydrochloride, strontium ranelate and zoledronic acid.								
	Note								
	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	..	45.27	35.40		Fosamax Plus	MK

ALENDRONATE SODIUM 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)

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, raloxifene hydrochloride, strontium ranelate and zoledronic acid.

9183H *NP*	Tablet equivalent to 70 mg alendronic acid with 140 micrograms colecalciferol	4	5	..	45.27	35.40	[a]	Dronalen Plus	GM
				[B]2.49	47.76	35.40	[a]	Fosamax Plus 70 mg/140 mcg	MK

ALENDRONATE SODIUM with COLECALCIFEROL and CALCIUM CARBONATE

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.

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	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, 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	..	45.27	35.40	[a]	Dronalen Plus D-Cal	FR
							[a]	Fosamax Plus D-Cal	MK
	CARBOMER with TRIGLYCERIDE LIPIDS **Restricted benefit** Severe dry eye syndrome, including Sjogren's syndrome.								
2041K *NP*	Eye gel 2 mg-10 mg per g (0.2%-1%), 10 g	‡1	5	..	10.37	11.48		Artelac	BU
	CARBOMER with TRIGLYCERIDE LIPIDS **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.								
2044N	Eye gel 2 mg-10 mg per g (0.2%-1%), 10 g	‡1	11	..	10.37	11.48		Artelac	BU
	CARBOMER with TRIGLYCERIDE LIPIDS **Authority required (STREAMLINED)** ***1359*** Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
2058H *NP*	Eye gel 2 mg-10 mg per g (0.2%-1%), single dose units 0.6 g, 30	3	5	..	*36.19	35.40		Artelac	BU
	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, raloxifene hydrochloride, strontium ranelate and zoledronic acid.								

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	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
	PAZOPANIB **Authority required** Initial treatment, as the sole PBS-subsidised tyrosine kinase inhibitor 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 Patients who have developed intolerance to sunitinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised pazopanib. Patients who have progressive disease with pazopanib are no longer eligible for PBS-subsidised pazopanib. No applications for increased maximum quantities and/or repeats will be authorised.							
	Note Special Pricing Arrangements apply.							
2029T	Tablet 200 mg (as hydrochloride)	90	2	..	3541.92	35.40	Votrient	GK
2030W	Tablet 400 mg (as hydrochloride)	60	2	..	4673.74	35.40	Votrient	GK
	PAZOPANIB **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 pazopanib and who has stable or responding disease according to RECIST criteria.							
	Note Patients who have developed intolerance to sunitinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised pazopanib. Patients who have progressive disease with pazopanib are no longer eligible for PBS-subsidised pazopanib. 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 pazopanib prior to 1 October 2012.							
	Note Patients who have developed intolerance to sunitinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised pazopanib. Patients who have progressive disease with pazopanib are no longer eligible for PBS-subsidised pazopanib.							
	Note Special Pricing Arrangements apply.							
2034C	Tablet 200 mg (as hydrochloride)	90	5	..	3541.92	35.40	Votrient	GK
2035D	Tablet 400 mg (as hydrochloride)	60	5	..	4673.74	35.40	Votrient	GK
	PHENOBARBITONE **Restricted benefit** Epilepsy.							

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	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.								
2138M *NP*	Injection 200 mg (as sodium) in 1 mL	5	..	..	39.12	35.40		Fawns and McAllan Proprietary Limited	FM
	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, raloxifene hydrochloride, strontium ranelate and zoledronic acid.								
8363E *NP*	Tablet 60 mg	28	5	..	57.97	35.40		Evista	LY
	RISEDRONATE 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)** ***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, 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 Risedronate	CH
							[a]	Risedronate-GA	GM
							[a]	Risedronate Sandoz	SZ
							[a]	Risedro once a week	QA
							[a]	Terry White Chemists Risedronate	TW

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
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	[a]	Actonel Once-a-Month	SW
							[a]	APO-Risedronate	TX
							[a]	Chem mart Risedronate	CH
							[a]	Terry White Chemists Risedronate	TW

RISEDRONATE SODIUM and CALCIUM CARBONATE

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, 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 500 mg calcium)	‡1	5	..	46.65	35.40	[a]	Actonel EC Combi	SW
							[a]	Risedronate Winthrop EC Combi	WA

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.

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	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, 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	[a]	Actonel EC Combi D	SW
							[a]	Risedronate Winthrop EC Combi D	WA
	STRONTIUM RANELATE								
	Authority required (STREAMLINED)								
	2758								
	Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a woman aged 70 years or older with a bone mineral density (BMD) T-score of -3.0 or less. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.								
	Authority required (STREAMLINED)								
	2647								
	Treatment as the sole PBS-subsidised anti-resorptive agent for established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.								
	Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, 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
	SUNITINIB								
	Authority required								
	Initial treatment, as the sole PBS-subsidised tyrosine kinase inhibitor 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 Patients who have developed intolerance to pazopanib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib. Patients who have progressive disease with sunitinib are no longer eligible for PBS-subsidised sunitinib. 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

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	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							
	Patients who have developed intolerance to pazopanib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib. Patients who have progressive disease with sunitinib are no longer eligible for PBS-subsidised sunitinib. 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.							
	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
	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, 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

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	
	CARBOMER with TRIGLYCERIDE LIPIDS **Restricted benefit** Severe dry eye syndrome, including Sjogren's syndrome.							
2082N	Eye gel 2 mg-10 mg per g (0.2%-1%), 10 g	‡1	5	..	10.37	11.48	Artelac	BU
	CARBOMER with TRIGLYCERIDE LIPIDS **Authority required** Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.							
2090B	Eye gel 2 mg-10 mg per g (0.2%-1%), single dose units 0.6 g, 30	3	5	..	*36.19	35.40	Artelac	BU

SECTION 100 (IVF/GIFT TREATMENT)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacturer $	Brand Name and Manufacturer	
	HUMAN MENOPAUSAL GONADOTROPHIN				
	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.				
2036E	Powder for injection 600 IU with solvent	1	265.59	Menopur 600	FP
2038G	Powder for injection 1200 IU with solvent	1	531.18	Menopur 1200	FP