Australian Government

Department of Health

PBS

Schedule of Pharmaceutical Benefits

Summary of Changes

Effective 1 December 2019

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 December 2019 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	$7.39
	Dangerous drug fee	$3.11
	Extemporaneously-prepared	$9.43
	Allowable additional patient charge*	$4.53
Additional Fees (for safety net prices):	Ready-prepared	$1.25
	Extemporaneously-prepared	$1.61
Patient Co-payments:	General	$40.30
	Concessional	$6.50
Safety Net Thresholds:	General	$1550.70
	Concessional	$390.00
Safety Net Card Issue Fee:		$10.10

* 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

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 December 2019. The Schedule is updated on the first day of each month and is available on the internet at www.pbs.gov.au.

General Pharmaceutical Benefits

Additions

Addition – Item

11859E **AMINO ACID FORMULA WITH VITAMINS AND MINERALS, LOW PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID AND ARACHIDONIC ACID**, amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 12.5 g sachets *(PKU Explore 5)*

11836Y **AMINO ACID FORMULA WITH VITAMINS AND MINERALS, LOW PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID AND ARACHIDONIC ACID**, amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 25 g sachets *(PKU Explore 10)*

11852T **CARMELLOSE SODIUM**, carmellose sodium 0.5% eye drops, 10 mL *(Evolve Carmellose)*

11853W **CARMELLOSE SODIUM**, carmellose sodium 0.5% eye drops, 10 mL *(Evolve Carmellose)*

11832R **GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACID FORMULA WITH VITAMINS, MINERALS, AND LOW IN TYROSINE AND PHENYLALANINE**, glycomacropeptide and essential amino acid formula with vitamins, minerals, and low in tyrosine and phenylalanine powder for oral liquid, 30 x 35 g sachets *(TYR Sphere20)*
See Errata on page 16.

11844J **GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE**, glycomacropeptide formula with docosahexaenoic acid and low phenylalanine oral liquid, 18 x 250 mL cartons *(PKU GMPro LQ)*

11842G **HYPROMELLOSE**, hypromellose 0.3% w/v eye drops, 10 mL *(Evolve Hypromellose)*

11849P **HYPROMELLOSE**, hypromellose 0.3% w/v eye drops, 10 mL *(Evolve Hypromellose)*

11827L **RISANKIZUMAB**, risankizumab 75 mg/0.83 mL injection, 2 x 0.83 mL syringes *(Skyrizi)*

11858D **RISANKIZUMAB**, risankizumab 75 mg/0.83 mL injection, 2 x 0.83 mL syringes *(Skyrizi)*

11856B **SEVELAMER**, sevelamer carbonate 800 mg tablet, 180 *(Sevelamer Apotex)*

11865L **SODIUM PHENYLBUTYRATE**, sodium phenylbutyrate 483 mg/g granules, 174 g *(Pheburane)*

Addition – Brand

1891M *Amoxycillin/Clavulanic Acid 500/125 APOTEX, TY* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

5008N *Amoxycillin/Clavulanic Acid 500/125 APOTEX, TY* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

9022W *APO-Fenofibrate, TX* – **FENOFIBRATE**, fenofibrate 48 mg tablet, 60

9246P *APO-Fenofibrate, TX* – **FENOFIBRATE**, fenofibrate 48 mg tablet, 60

9023X *APO-Fenofibrate, TX* – **FENOFIBRATE**, fenofibrate 145 mg tablet, 30

9023X *Blooms the Chemist Fenofibrate, IB* – **FENOFIBRATE**, fenofibrate 145 mg tablet, 30

9247Q *APO-Fenofibrate, TX* – **FENOFIBRATE**, fenofibrate 145 mg tablet, 30

9247Q *Blooms the Chemist Fenofibrate, IB* – **FENOFIBRATE**, fenofibrate 145 mg tablet, 30

8245Y *Letrozole APOTEX, GX* – **LETROZOLE**, letrozole 2.5 mg tablet, 30

8650G *Mycophenolate APOTEX, GX* – **MYCOPHENOLATE**, mycophenolate mofetil 500 mg tablet, 50

8456C *Quetiapine APOTEX, GX* – **QUETIAPINE**, quetiapine 25 mg tablet, 60

8457D *Quetiapine APOTEX, GX* – **QUETIAPINE**, quetiapine 100 mg tablet, 90

8458E *Quetiapine APOTEX, GX* – **QUETIAPINE**, quetiapine 200 mg tablet, 60

8580N *Quetiapine APOTEX, GX* – **QUETIAPINE**, quetiapine 300 mg tablet, 60

10551H *Rizatriptan ODT APOTEX, GX* – **RIZATRIPTAN**, rizatriptan 10 mg orally disintegrating tablet, 2

2236Q *NOUMED SERTRALINE, VO* – **SERTRALINE**, sertraline 50 mg tablet, 30

8836C *NOUMED SERTRALINE, VO* – **SERTRALINE**, sertraline 50 mg tablet, 30

2237R *NOUMED SERTRALINE, VO* – **SERTRALINE**, sertraline 100 mg tablet, 30

8837D *NOUMED SERTRALINE, VO* – **SERTRALINE**, sertraline 100 mg tablet, 30

9368C *Dilart, AF* – **VALSARTAN**, valsartan 40 mg tablet, 28

9369D *Dilart, AF* – **VALSARTAN**, valsartan 80 mg tablet, 28

9370E *Dilart, AF* – **VALSARTAN**, valsartan 160 mg tablet, 28

9371F *Dilart, AF* – **VALSARTAN**, valsartan 320 mg tablet, 28

Addition – Equivalence Indicator

2142R *Renagel, GZ* – **SEVELAMER**, sevelamer hydrochloride 800 mg tablet, 180

9368C *Diovan, NV* – **VALSARTAN**, valsartan 40 mg tablet, 28

9369D *Diovan, NV* – **VALSARTAN**, valsartan 80 mg tablet, 28

9370E *Diovan, NV* – **VALSARTAN**, valsartan 160 mg tablet, 28

9371F *Diovan, NV* – **VALSARTAN**, valsartan 320 mg tablet, 28

Addition – Note

2142R **SEVELAMER**, sevelamer hydrochloride 800 mg tablet, 180 *(Renagel)*

Deletions

Deletion – Item

1002R **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g *(Zovirax)*

5501M **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g *(Zovirax)*

1474N **FLUCONAZOLE**, fluconazole 200 mg/100 mL injection, 100 mL vial *(Fluconazole Sandoz)*

1041T **OLANZAPINE**, olanzapine 7.5 mg tablet, 28 *(Olanzapine generichealth 7.5)*

Deletion – Brand

1007B *Acyclo-V 200, AF* – **ACICLOVIR**, aciclovir 200 mg tablet, 90

8374R *Leflunomide GH, GQ* – **LEFLUNOMIDE**, leflunomide 10 mg tablet, 30

8375T *Leflunomide GH, GQ* – **LEFLUNOMIDE**, leflunomide 20 mg tablet, 30

8245Y *Letrozole generichealth, GQ* – **LETROZOLE**, letrozole 2.5 mg tablet, 30

11681T *Pantoprazole GH, GQ* – **PANTOPRAZOLE**, pantoprazole 40 mg enteric tablet, 30

8007K *Pantoprazole GH, GQ* – **PANTOPRAZOLE**, pantoprazole 40 mg enteric tablet, 30

8008L *Pantoprazole GH, GQ* – **PANTOPRAZOLE**, pantoprazole 40 mg enteric tablet, 30

10784N *Bactrim DS, RO* – **TRIMETHOPRIM + SULFAMETHOXAZOLE**, trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

2951H *Bactrim DS, RO* – **TRIMETHOPRIM + SULFAMETHOXAZOLE**, trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

3390K *Bactrim DS, RO* – **TRIMETHOPRIM + SULFAMETHOXAZOLE**, trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

Deletion – Equivalence Indicator

11652G *AciVision, DZ* – **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g

11654J *AciVision, DZ* – **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g

11139G *Fluconazole Alphapharm, AF* – **FLUCONAZOLE**, fluconazole 200 mg/100 mL injection, 100 mL bag

Deletion – Note

10389T **ADALIMUMAB**, adalimumab 20 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Humira)*

10396E **ADALIMUMAB**, adalimumab 20 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Humira)*

10422M **ADALIMUMAB**, adalimumab 20 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Humira)*

10397F **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL pen devices *(Humira)*

10399H **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Humira)*

10400J **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Humira)*

10404N **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL syringes *(Humira)*

10412B **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Humira)*

10413C **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Humira)*

10419J **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Humira)*

10420K **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Humira)*

9186L **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL syringes *(Humira)*

9187M **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL pen devices *(Humira)*

9188N **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Humira)*

9189P **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Humira)*

9190Q **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Humira)*

9191R **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Humira)*

11139G **FLUCONAZOLE**, fluconazole 200 mg/100 mL injection, 100 mL bag *(Fluconazole Alphapharm)*

8186W **OLANZAPINE**, olanzapine 7.5 mg tablet, 28 *(APO-Olanzapine, Olanzapine AN, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Olanzapine-DRLA, Ozin 7.5, PRYZEX, Zypine, Zyprexa)*

Alterations

Alteration – Item Description

From

9012H **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4 *(ALENDRONATE PLUS D3 70mg/70ug APOTEX, APO-Alendronate Plus D3 70 mg/70 mcg, Alendronate Plus D3 Sandoz, Alendronate plus D3-DRLA, FonatPlus, Fosamax Plus)*

To

9012H **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4 *(ALENDRONATE PLUS D3 70mg/70ug APOTEX, APO-Alendronate Plus D3 70 mg/70 mcg, Alendronate Plus D3 Sandoz, Alendronate plus D3-DRLA, FonatPlus, Fosamax Plus)*

From

10759G **ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN**, esomeprazole 20 mg tablet: enteric [14 tablets] (&) clarithromycin 500 mg tablet [14 tablets] (&) amoxicillin 500 mg capsule [28 capsules], 1 pack *(ESOMEPRAZOLE SANDOZ Hp7)*

To

10759G **ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN**, esomeprazole 20 mg enteric tablet [14] (&) amoxicillin 500 mg capsule [28] (&) clarithromycin 500 mg tablet [14], 1 pack *(ESOMEPRAZOLE SANDOZ Hp7)*

From

8738X **ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN**, esomeprazole 20 mg tablet: enteric [14 tablets] (&) clarithromycin 500 mg tablet [14 tablets] (&) amoxicillin 500 mg capsule [28 capsules], 1 pack *(Nexium Hp7)*

To

8738X **ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN**, esomeprazole 20 mg enteric tablet [14] (&) amoxicillin 500 mg capsule [28] (&) clarithromycin 500 mg tablet [14], 1 pack *(Nexium Hp7)*

From

8180M **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

To

8180M **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

From

8181N **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

To

8181N **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

From

8184R **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

To

8184R **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

From

8553E **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

To

8553E **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

From

1392G **LEVONORGESTREL + ETHINYLESTRADIOL**, ethinylestradiol 30 microgram + levonorgestrel 50 microgram tablet [24] (&) ethinylestradiol 40 microgram + levonorgestrel 75 microgram tablet [20] (&) ethinylestradiol 30 microgram + levonorgestrel 125 microgram tablet [40] (&) inert substance tablet [28], 112 [4 x 28] *(Logynon ED, Trifeme 28, Triphasil 28, Triquilar ED)*

To

1392G **LEVONORGESTREL + ETHINYLESTRADIOL**, levonorgestrel 50 microgram + ethinylestradiol 30 microgram tablet [6] (&) levonorgestrel 75 microgram + ethinylestradiol 40 microgram tablet [5] (&) levonorgestrel 125 microgram + ethinylestradiol 30 microgram tablet [10] (&) inert substance tablet [7], 4 x 28 *(Logynon ED, Trifeme 28, Triphasil 28, Triquilar ED)*

From

2971J **TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN**, triamcinolone acetonide 0.1% + neomycin sulfate 0.25% + gramicidin 0.025% + nystatin 100 000 international units/mL ear drops, 7.5 mL *(Kenacomb Otic, Otocomb Otic)*

To

2971J **TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN**, triamcinolone acetonide 0.09% + neomycin 0.225% + gramicidin 0.0225% + nystatin 90 000 units/mL ear drops, 7.5 mL *(Kenacomb Otic, Otocomb Otic)*

From

2974M **TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN**, triamcinolone acetonide 0.1% + neomycin sulfate 0.25% + gramicidin 0.025% + nystatin 100 000 international units/g ointment, 5 g *(Kenacomb Otic, Otocomb Otic)*

To

2974M **TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN**, triamcinolone acetonide 0.1% + neomycin 0.25% + gramicidin 0.025% + nystatin 100 000 units/g ointment, 5 g *(Kenacomb Otic, Otocomb Otic)*

Alteration – Note

9425C **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Humira)*

9426D **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Humira)*

9427E **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Humira)*

9428F **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Humira)*

11223Q **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack *(Enbrel)*

9037P **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack *(Enbrel)*

9429G **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack *(Enbrel)*

11221N **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices *(Brenzys)*

11222P **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices *(Brenzys, Enbrel)*

9461Y **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices *(Brenzys, Enbrel)*

9462B **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices *(Brenzys, Enbrel)*

11224R **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes *(Brenzys, Enbrel)*

11225T **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes *(Brenzys)*

9091L **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes *(Brenzys, Enbrel)*

9431J **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes *(Brenzys, Enbrel)*

11614G **GUSELKUMAB**, guselkumab 100 mg/mL injection, 1 mL syringe *(Tremfya)*

11032P **IXEKIZUMAB**, ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices *(Taltz)*

11033Q **IXEKIZUMAB**, ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices *(Taltz)*

2723H **NITRAZEPAM**, nitrazepam 5 mg tablet, 25 *(Alodorm, Mogadon)*

3132W **OXAZEPAM**, oxazepam 15 mg tablet, 25 *(Alepam 15, Serepax)*

3133X **OXAZEPAM**, oxazepam 30 mg tablet, 25 *(APO-Oxazepam, Alepam 30, Murelax, Serepax)*

10425Q **SECUKINUMAB**, secukinumab 150 mg/mL injection, 2 x 1 mL pen devices *(Cosentyx)*

10494H **SECUKINUMAB**, secukinumab 150 mg/mL injection, 2 x 1 mL pen devices *(Cosentyx)*

10910F **SECUKINUMAB**, secukinumab 150 mg/mL injection, 2 x 1 mL pen devices *(Cosentyx)*

11613F **TILDRAKIZUMAB**, tildrakizumab 100 mg/mL injection, 1 mL syringe *(Ilumya)*

11616J **TILDRAKIZUMAB**, tildrakizumab 100 mg/mL injection, 1 mL syringe *(Ilumya)*

9304Q **USTEKINUMAB**, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Stelara)*

9305R **USTEKINUMAB**, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Stelara)*

Alteration – Restriction

9037P **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack *(Enbrel)*

9461Y **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices *(Brenzys, Enbrel)*

9091L **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes *(Brenzys, Enbrel)*

11614G **GUSELKUMAB**, guselkumab 100 mg/mL injection, 1 mL syringe *(Tremfya)*

11032P **IXEKIZUMAB**, ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices *(Taltz)*

11210B **MESALAZINE**, mesalazine 800 mg enteric tablet, 90 *(Asacol)*

10910F **SECUKINUMAB**, secukinumab 150 mg/mL injection, 2 x 1 mL pen devices *(Cosentyx)*

11616J **TILDRAKIZUMAB**, tildrakizumab 100 mg/mL injection, 1 mL syringe *(Ilumya)*

9304Q **USTEKINUMAB**, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Stelara)*

Alteration – Restriction Level

		From	*To*
11210B	**MESALAZINE**, mesalazine 800 mg enteric tablet, 90 *(Asacol)*	authority-required	restricted

Advance Notices

1 January 2020

Deletion – Brand

8213G *Atorvastatin Sandoz, SZ* – **ATORVASTATIN**, atorvastatin 10 mg tablet, 30

8214H *Atorvastatin Sandoz, SZ* – **ATORVASTATIN**, atorvastatin 20 mg tablet, 30

8215J *Atorvastatin Sandoz, SZ* – **ATORVASTATIN**, atorvastatin 40 mg tablet, 30

8521L *Atorvastatin Sandoz, SZ* – **ATORVASTATIN**, atorvastatin 80 mg tablet, 30

9230T *Atorvastatin Sandoz, SZ* – **ATORVASTATIN**, atorvastatin 10 mg tablet, 30

9231W *Atorvastatin Sandoz, SZ* – **ATORVASTATIN**, atorvastatin 20 mg tablet, 30

9232X *Atorvastatin Sandoz, SZ* – **ATORVASTATIN**, atorvastatin 40 mg tablet, 30

9233Y *Atorvastatin Sandoz, SZ* – **ATORVASTATIN**, atorvastatin 80 mg tablet, 30

8362D *Capecitabine Apotex, TX* – **CAPECITABINE**, capecitabine 500 mg tablet, 120

1473M *Fluconazole Sandoz, SZ* – **FLUCONAZOLE**, fluconazole 100 mg/50 mL injection, 50 mL vial

11209Y *S-26 Original Alula L.I., AS* – **MILK POWDER LACTOSE INTOLERANCE FORMULA**, milk powder lactose intolerance formula powder for oral liquid, 900 g

1607N *Hospira Pty Limited, PF* – **MORPHINE**, morphine tartrate 120 mg/1.5 mL injection, 5 x 1.5 mL ampoules

10225E *Scytera, RZ* – **PREPARED COAL TAR**, coal tar prepared 2% foam, 100 g

11307D *Visudyne, LM* – **VERTEPORFIN**, verteporfin 15 mg injection, 1 vial

1349B *Visudyne, LM* – **VERTEPORFIN**, verteporfin 15 mg injection, 1 vial

1 February 2020
Deletion – Brand

11027J *Nitrostat, PF* – **GLYCERYL TRINITRATE**, glyceryl trinitrate 300 microgram sublingual tablet, 100

11051P *Nitrostat, PF* – **GLYCERYL TRINITRATE**, glyceryl trinitrate 300 microgram sublingual tablet, 100

1459T *Nitrostat, PF* – **GLYCERYL TRINITRATE**, glyceryl trinitrate 600 microgram sublingual tablet, 100

5108W *Nitrostat, PF* – **GLYCERYL TRINITRATE**, glyceryl trinitrate 600 microgram sublingual tablet, 100

1 April 2020
Deletion – Brand

1465D *Simplotan, FZ* – **TINIDAZOLE**, tinidazole 500 mg tablet, 4

Highly Specialised Drugs Program (Private Hospital)

Additions

Addition – Item

11847M **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11841F **LUMACAFTOR + IVACAFTOR**, lumacaftor 100 mg + ivacaftor 125 mg granules, 56 sachets *(Orkambi)*
See Errata on page 16.

11848N **LUMACAFTOR + IVACAFTOR**, lumacaftor 150 mg + ivacaftor 188 mg granules, 56 sachets *(Orkambi)*
See Errata on page 16.

11829N **MEPOLIZUMAB**, mepolizumab 100 mg injection, 1 vial *(Nucala)*

11826K **OMALIZUMAB**, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Xolair)*

11840E **OMALIZUMAB**, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Xolair)*

11825J **OMALIZUMAB**, omalizumab 150 mg/mL injection, 1 mL syringe *(Xolair)*

11864K **OMALIZUMAB**, omalizumab 150 mg/mL injection, 1 mL syringe *(Xolair)*

11838C **SEVELAMER**, sevelamer carbonate 800 mg tablet, 180 *(Sevelamer Apotex)*

11833T **TEZACAFTOR + IVACAFTOR (&) IVACAFTOR**, tezacaftor 100 mg + ivacaftor 150 mg tablet [28] (&) ivacaftor 150 mg tablet [28], 56 *(Symdeko)*

11834W **TEZACAFTOR + IVACAFTOR (&) IVACAFTOR**, tezacaftor 100 mg + ivacaftor 150 mg tablet [28] (&) ivacaftor 150 mg tablet [28], 56 *(Symdeko)*

Addition – Brand

6209T *Mycophenolate APOTEX, GX* – **MYCOPHENOLATE**, mycophenolate mofetil 500 mg tablet, 50

6227R *Octreotide GH, HQ* – **OCTREOTIDE**, octreotide 50 microgram/mL injection, 5 x 1 mL ampoules

6228T *Octreotide GH, HQ* – **OCTREOTIDE**, octreotide 100 microgram/mL injection, 5 x 1 mL ampoules

6229W *Octreotide GH, HQ* – **OCTREOTIDE**, octreotide 500 microgram/mL injection, 5 x 1 mL ampoules

Addition – Equivalence Indicator

9620H *Renagel, GZ* – **SEVELAMER**, sevelamer hydrochloride 800 mg tablet, 180

Addition – Note

9620H **SEVELAMER**, sevelamer hydrochloride 800 mg tablet, 180 *(Renagel)*

Deletions

Deletion – Note

10956P **OMALIZUMAB**, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Xolair)*

10968G **OMALIZUMAB**, omalizumab 150 mg/mL injection, 1 mL syringe *(Xolair)*

Alterations

Alteration – Item Description

From
6210W **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*
To
6210W **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

From

6213B **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

To

6213B **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

Alteration – Note

11504L **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11523L **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11483J **INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Renflexis)*

11590B **INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Remicade, Renflexis)*

11595G **INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Renflexis)*

9617E **INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Remicade, Renflexis)*

11464J **LUMACAFTOR + IVACAFTOR**, lumacaftor 100 mg + ivacaftor 125 mg tablet, 112 *(Orkambi)*

11463H **LUMACAFTOR + IVACAFTOR**, lumacaftor 200 mg + ivacaftor 125 mg tablet, 112 *(Orkambi)*

11003D **MEPOLIZUMAB**, mepolizumab 100 mg injection, 1 vial *(Nucala)*

11014Q **MEPOLIZUMAB**, mepolizumab 100 mg injection, 1 vial *(Nucala)*

10110D **OMALIZUMAB**, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Xolair)*

10122R **OMALIZUMAB**, omalizumab 150 mg/mL injection, 1 mL syringe *(Xolair)*

Alteration – Restriction

11504L **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11523L **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11483J **INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Renflexis)*

9617E **INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Remicade, Renflexis)*

9674E **INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Remicade, Renflexis)*

11097C **IVACAFTOR**, ivacaftor 50 mg granules, 4 x 14 sachets *(Kalydeco)*

11109Q **IVACAFTOR**, ivacaftor 75 mg granules, 4 x 14 sachets *(Kalydeco)*

10175M **IVACAFTOR**, ivacaftor 150 mg tablet, 56 *(Kalydeco)*

11464J **LUMACAFTOR + IVACAFTOR**, lumacaftor 100 mg + ivacaftor 125 mg tablet, 112 *(Orkambi)*

11463H **LUMACAFTOR + IVACAFTOR**, lumacaftor 200 mg + ivacaftor 125 mg tablet, 112 *(Orkambi)*

11003D **MEPOLIZUMAB**, mepolizumab 100 mg injection, 1 vial *(Nucala)*

11014Q **MEPOLIZUMAB**, mepolizumab 100 mg injection, 1 vial *(Nucala)*

10110D **OMALIZUMAB**, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Xolair)*

10956P **OMALIZUMAB**, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Xolair)*

10122R **OMALIZUMAB**, omalizumab 150 mg/mL injection, 1 mL syringe *(Xolair)*

10968G **OMALIZUMAB**, omalizumab 150 mg/mL injection, 1 mL syringe *(Xolair)*

6437T **SIROLIMUS**, sirolimus 1 mg/mL oral liquid, 60 mL *(Rapamune)*

9748C **SIROLIMUS**, sirolimus 500 microgram tablet, 100 *(Rapamune)*

6436R **SIROLIMUS**, sirolimus 1 mg tablet, 100 *(Rapamune)*

6457W **SIROLIMUS**, sirolimus 2 mg tablet, 100 *(Rapamune)*

Alteration – Maximum Quantity

		From	*To*
11483J	**INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Renflexis)*	1	3

Alteration – Number of Repeats

		From	*To*
11483J	**INFLIXIMAB**, infliximab 100 mg injection, 1 vial *(Inflectra, Renflexis)*	0	2
10110D	**OMALIZUMAB**, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Xolair)*	0	7
10122R	**OMALIZUMAB**, omalizumab 150 mg/mL injection, 1 mL syringe *(Xolair)*	0	7

Highly Specialised Drugs Program (Community Access)

Additions

Addition – Item

11843H **DOLUTEGRAVIR + LAMIVUDINE**, dolutegravir 50 mg + lamivudine 300 mg tablet, 30 *(Dovato)*

Alterations

Alteration – Item Description

From
10317B **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*
To
10317B **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

From
10369R **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*
To
10369R **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe *(Roferon-A)*

Alteration – Restriction

10345L **DOLUTEGRAVIR + ABACAVIR + LAMIVUDINE**, dolutegravir 50 mg + abacavir 600 mg + lamivudine 300 mg tablet, 30 *(Triumeq)*

Advance Notices

1 January 2020
Deletion – Brand

10357D *Abacavir/Lamivudine 600/300 APOTEX, TX* – **ABACAVIR + LAMIVUDINE**, abacavir 600 mg + lamivudine 300 mg tablet, 30

10304H *Viramune, BY* – **NEVIRAPINE**, nevirapine 200 mg tablet, 60

1 March 2020
Deletion – Brand

10307L *Stribild, GI* – **TENOFOVIR + EMTRICITABINE + ELVITEGRAVIR + COBICISTAT**, tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30

10314W *Eviplera, GI* – **TENOFOVIR + EMTRICITABINE + RILPIVIRINE**, tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + rilpivirine 25 mg tablet, 30

1 April 2020
Deletion – Brand

10276W *Reyataz, BQ* – **ATAZANAVIR**, atazanavir 150 mg capsule, 60

Botulinum Toxin Program

Additions

Addition – Item

11831Q **CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**, clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial *(Dysport)*

11857C **CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**, clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial *(Dysport)*

Growth Hormone Program

Alterations

Alteration – Item Description

From
10891F **SOMATROPIN**, somatropin 400 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*
To
10891F **SOMATROPIN**, somatropin 400 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From
10902T **SOMATROPIN**, somatropin 400 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*
To
10902T **SOMATROPIN**, somatropin 400 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From
10908D **SOMATROPIN**, somatropin 400 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*
To
10908D **SOMATROPIN**, somatropin 400 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From
10456H **SOMATROPIN**, somatropin 600 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*
To
10456H **SOMATROPIN**, somatropin 600 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From
10477K **SOMATROPIN**, somatropin 600 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*
To
10477K **SOMATROPIN**, somatropin 600 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

9628R **SOMATROPIN**, somatropin 600 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

9628R **SOMATROPIN**, somatropin 600 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10463Q **SOMATROPIN**, somatropin 800 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10463Q **SOMATROPIN**, somatropin 800 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10479M **SOMATROPIN**, somatropin 800 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10479M **SOMATROPIN**, somatropin 800 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

6313G **SOMATROPIN**, somatropin 800 microgram injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

6313G **SOMATROPIN**, somatropin 800 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10430Y **SOMATROPIN**, somatropin 1 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10430Y **SOMATROPIN**, somatropin 1 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10480N **SOMATROPIN**, somatropin 1 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10480N **SOMATROPIN**, somatropin 1 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

6314H **SOMATROPIN**, somatropin 1 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

6314H **SOMATROPIN**, somatropin 1 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10453E **SOMATROPIN**, somatropin 1.2 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10453E **SOMATROPIN**, somatropin 1.2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10457J **SOMATROPIN**, somatropin 1.2 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10457J **SOMATROPIN**, somatropin 1.2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

6315J **SOMATROPIN**, somatropin 1.2 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

6315J **SOMATROPIN**, somatropin 1.2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10434E **SOMATROPIN**, somatropin 1.4 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10434E **SOMATROPIN**, somatropin 1.4 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10488B **SOMATROPIN**, somatropin 1.4 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10488B **SOMATROPIN**, somatropin 1.4 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

6316K **SOMATROPIN**, somatropin 1.4 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

6316K **SOMATROPIN**, somatropin 1.4 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10454F **SOMATROPIN**, somatropin 1.6 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10454F **SOMATROPIN**, somatropin 1.6 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10498M **SOMATROPIN**, somatropin 1.6 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10498M **SOMATROPIN**, somatropin 1.6 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

6317L **SOMATROPIN**, somatropin 1.6 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

6317L **SOMATROPIN**, somatropin 1.6 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10500P **SOMATROPIN**, somatropin 1.8 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10500P **SOMATROPIN**, somatropin 1.8 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10501Q **SOMATROPIN**, somatropin 1.8 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10501Q **SOMATROPIN**, somatropin 1.8 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

6318M **SOMATROPIN**, somatropin 1.8 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

6318M **SOMATROPIN**, somatropin 1.8 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10428W **SOMATROPIN**, somatropin 2 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10428W **SOMATROPIN**, somatropin 2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

10472E **SOMATROPIN**, somatropin 2 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

10472E **SOMATROPIN**, somatropin 2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

From

6319N **SOMATROPIN**, somatropin 2 mg injection [7] (&) inert substance diluent [7 x 0.25 mL syringes], 1 pack *(Genotropin MiniQuick)*

To

6319N **SOMATROPIN**, somatropin 2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes *(Genotropin MiniQuick)*

IVF Program

Advance Notices

1 January 2020

Deletion – Brand

10491E *Pergoveris, SG* – **FOLLITROPIN ALFA + LUTROPIN ALFA**, follitropin alfa 150 units (10.92 microgram) + lutropin alfa 75 units injection [1 vial] (&) inert substance diluent [1 mL vial], 1 pack

Repatriation Pharmaceutical Benefits

Additions

Addition – Item

11837B **AVANAFIL**, avanafil 50 mg tablet, 4 *(Spedra)*

11861G **AVANAFIL**, avanafil 100 mg tablet, 4 *(Spedra)*

11860F **AVANAFIL**, avanafil 200 mg tablet, 4 *(Spedra)*

11845K **CALCIUM**, CALCIUM Tablet (chewable) 500 mg (as carbonate), 120 *(Cal-500)*

11862H **CALCIUM**, CALCIUM Tablet (chewable) 500 mg (as carbonate), 120 *(Cal-500)*

Addition – Brand

2194L *ALENDRONATE PLUS D3 70mg/70ug APOTEX, GX* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

2224C *ALENDRONATE PLUS D3 70mg/140ug APOTEX, GX* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

4179Y *Plavicor 75, CR* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

10177P *Chemists' Own Laxative with Senna, RW* – **DOCUSATE + SENNOSIDE B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 90

10177P *Co-Senna, PP* – **DOCUSATE + SENNOSIDE B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 90

10177P *Colaxsen, QA* – **DOCUSATE + SENNOSIDE B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 90

10177P *Coloxyl with Senna, FM* – **DOCUSATE + SENNOSIDE B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 90

10177P *Trust Coloxease, CR* – **DOCUSATE + SENNOSIDE B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 90

4591P *Gabacor, CR* – **GABAPENTIN**, gabapentin 100 mg capsule, 100

4592Q *Gabacor, CR* – **GABAPENTIN**, gabapentin 300 mg capsule, 100

4593R *Gabacor, CR* – **GABAPENTIN**, gabapentin 400 mg capsule, 100

4594T *Pharmacor Gabapentin 600, CR* – **GABAPENTIN**, gabapentin 600 mg tablet, 100

4595W *Pharmacor Gabapentin 800, CR* – **GABAPENTIN**, gabapentin 800 mg tablet, 100

11135C *Gastrex, CR* – **LOPERAMIDE**, loperamide hydrochloride 2 mg capsule, 20

4350Y *Medicianz Mupirocin Ointment, DZ* – **MUPIROCIN**, mupirocin 2% ointment, 15 g

10582Y *PHARMACY CARE PARACETAMOL, SI* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

10585D *PHARMACY CARE PARACETAMOL, SI* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

4522B *Pharmacor Zopiclone, CR* – **ZOPICLONE**, zopiclone 7.5 mg tablet, 30

Addition – Equivalence Indicator

10177P *Pharmacy Action Laxative with Senna, GQ* – **DOCUSATE + SENNOSIDE B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 90

11135C *Pharmacy Action Diarrhoea Relief, GQ* – **LOPERAMIDE**, loperamide hydrochloride 2 mg capsule, 20

Deletions

Deletion – Item

4094L **CALCIUM**, CALCIUM Tablet (chewable) 500 mg (as carbonate), 60 *(Cal-500)*

4333C **CALCIUM**, CALCIUM Tablet (chewable) 500 mg (as carbonate), 60 *(Cal-500)*

4198Y **DOCUSATE + SENNOSIDES**, docusate sodium 50 mg + sennosides 11.27 mg tablet, 90 *(Chemists' Own Laxative with Senna, Co-Senna, Colaxsen, Coloxyl with Senna)*

Deletion – Restriction

4350Y **MUPIROCIN**, mupirocin 2% ointment, 15 g *(APO-Mupirocin, Bactroban, Medicianz Mupirocin Ointment)*

Alterations

Alteration – Item Description

From

2194L **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4 *(ALENDRONATE PLUS D3 70mg/70ug APOTEX, APO-Alendronate Plus D3 70 mg/70 mcg, Alendronate plus D3-DRLA, FonatPlus, Fosamax Plus)*

To

2194L **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4 *(ALENDRONATE PLUS D3 70mg/70ug APOTEX, APO-Alendronate Plus D3 70 mg/70 mcg, Alendronate plus D3-DRLA, FonatPlus, Fosamax Plus)*

Alteration – Restriction Level

		From	*To*
4350Y	**MUPIROCIN**, mupirocin 2% ointment, 15 g *(APO-Mupirocin, Bactroban, Medicianz Mupirocin Ointment)*	restricted	unrestricted

SCHEDULE OF PHARMACEUTICAL BENEFITS EFFECTIVE 1 DECEMBER 2019

ERRATA

(1) This Erratum removes the newly listed GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACID FORMULA WITH VITAMINS, MINERALS, AND LOW IN TYROSINE AND PHENYLALANINE (item 11832R - TYR Sphere20) from the 1 December 2019 Schedule of Pharmaceutical Benefits.

(2) This Erratum corrects the entry for LUMACAFTOR + IVACAFTOR in the 1 December 2019 Schedule of Pharmaceutical Benefits – Section 100 as detailed below to include "*if aged from 6 years or older*".

- **LUMACAFTOR + IVACAFTOR**

Note Managed Access Program:

This medicine has been listed on the PBS via a Managed Access Program (MAP). The Pharmaceutical Benefits Advisory Committee (PBAC) made its recommendation on the basis of 24 weeks of data in children aged 6 - 11 years and 96 weeks of data in patients aged 12 years and over. Information about the long term benefits of this medicine will be collected and analysed under this MAP.
For more information on Managed Access Programs, please visit http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/2015-03/march-2015-other-matters-managed-access-programme-framewk.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Cystic fibrosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

Clinical criteria:

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

Population criteria:

- Patient must be 2 years of age or older.

The patient must be registered in the Australian Cystic Fibrosis Database Registry.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

For the purposes of this restriction, PBS subsidised 'CFTR modulator' means ivacaftor, lumacaftor/ivacaftor and tezacaftor/ivacaftor.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Cystic Fibrosis lumacaftor with ivacaftor Authority Application Supporting Information Form; and

(3) a copy of the pathology report detailing the molecular testing for the patient being homozygous for the F508del mutation on the CFTR gene; and

(4) the result of a FEV_1 measurement performed within a month prior to the date of application, if aged from 6 years or older. Note: FEV_1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV_1 is measured; and

(5) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics; and

(6) height and weight measurements at the time of application; and

(7) a baseline measurement of the number of days of CF-related hospitalisation (including hospital-in-the home) in the previous 12 months.

For patients who have initiated non-PBS subsidised treatment prior to 1 December 2019, date of initiating treatment, baseline FEV_1 and hospitalisation dates prior to initiating treatment (where available) should be provided.

Authority required

Cystic fibrosis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

Population criteria:

- Patient must be 2 years of age or older.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

Patients who have an acute infective exacerbation at the time of assessment for continuing therapy may receive an additional one month's supply in order to enable the assessment to be repeated following resolution of the exacerbation.

For the purposes of this restriction, PBS subsidised 'CFTR modulator' means ivacaftor, lumacaftor/ivacaftor and tezacaftor/ivacaftor.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Cystic Fibrosis lumacaftor with ivacaftor Continuing Authority Application Supporting Information Form; and

(3) the result of a FEV_1 measurement performed within one month prior to the date of application, if aged 6 years or older. Note: FEV_1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV_1 is measured; and

(4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics; and

(5) height and weight measurements at the time of application; and

(6) the number of days of CF-related hospitalisation (including hospital-in-the home) in the previous 6 months.

lumacaftor 100 mg + ivacaftor 125 mg granules, 56 sachets

11866M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
‡1	5	..	18750.00	Orkambi [VR]

lumacaftor 150 mg + ivacaftor 188 mg granules, 56 sachets

11851R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
‡1	5	..	18750.00	Orkambi [VR]

▪ LUMACAFTOR + IVACAFTOR

Note Managed Access Program:

This medicine has been listed on the PBS via a Managed Access Program (MAP). The Pharmaceutical Benefits Advisory Committee (PBAC) made its recommendation on the basis of 24 weeks of data in children aged 6 - 11 years and 96 weeks of data in patients aged 12 years and over. Information about the long term benefits of this medicine will be collected and analysed under this MAP.
For more information on Managed Access Programs, please visit http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/2015-03/march-2015-other-matters-managed-access-programme-framewk.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Cystic fibrosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

Clinical criteria:

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**

- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

Population criteria:

- Patient must be 2 years of age or older.

The patient must be registered in the Australian Cystic Fibrosis Database Registry.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

For the purposes of this restriction, PBS subsidised 'CFTR modulator' means ivacaftor, lumacaftor/ivacaftor and tezacaftor/ivacaftor.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Cystic Fibrosis lumacaftor with ivacaftor Authority Application Supporting Information Form; and

(3) a copy of the pathology report detailing the molecular testing for the patient being homozygous for the F508del mutation on the CFTR gene; and

(4) the result of a FEV_1 measurement performed within a month prior to the date of application, if aged from 6 years or older. Note: FEV_1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV_1 is measured; and

(5) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics; and

(6) height and weight measurements at the time of application; and

(7) a baseline measurement of the number of days of CF-related hospitalisation (including hospital-in-the home) in the previous 12 months.

For patients who have initiated non-PBS subsidised treatment prior to 1 December 2019, date of initiating treatment, baseline FEV_1 and hospitalisation dates prior to initiating treatment (where available) should be provided.

Authority required

Cystic fibrosis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

Population criteria:

- Patient must be 2 years of age or older.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

Patients who have an acute infective exacerbation at the time of assessment for continuing therapy may receive an additional one month's supply in order to enable the assessment to be repeated following resolution of the exacerbation.

For the purposes of this restriction, PBS subsidised 'CFTR modulator' means ivacaftor, lumacaftor/ivacaftor and tezacaftor/ivacaftor.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Cystic Fibrosis lumacaftor with ivacaftor Continuing Authority Application Supporting Information Form; and

(3) the result of a FEV_1 measurement performed within one month prior to the date of application, if aged 6 years or older. Note: FEV_1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV_1 is measured; and

(4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics; and

(5) height and weight measurements at the time of application; and

(6) the number of days of CF-related hospitalisation (including hospital-in-the home) in the previous 6 months.

lumacaftor 100 mg + ivacaftor 125 mg granules, 56 sachets

11841F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
‡1	5	..	18797.39	Orkambi [VR]

lumacaftor 150 mg + ivacaftor 188 mg granules, 56 sachets

11848N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
‡1	5	..	18797.39	Orkambi [VR]

DHS Complex Authority Administration s100 items – current at December 2019

The list includes:

- Section 100 HSD items identified in the s100 HSD legal instrument as 'Complex Authority Required (CAR)'. Authority approval requests for these items are made to the DHS Complex Drugs team, currently located in Tasmania.
    - Items that are Authority Required Streamlined appear with an *

- Section 100 Efficient Funding of Chemotherapy (EFC) items where the processing of the application for an authority to prescribe the item has a high degree of complexity. These applications are also made to the DHS Complex Drugs team and are handled in that same way as the s100 HSD CAR items.

HSD Complex Authority Required (CAR) Items

s94 Public Hospital Item Code	Private Hospital and s90 Item Code	Generic Name / Brand Name®
05605B	09621J	ABATACEPT / Orencia®
09661L	09678J	ADALIMUMAB / Humira®
09662M	09679K	ADALIMUMAB / Humira®
09663N	09680L	ADALIMUMAB / Humira®
05607D	09648T	AMBRISENTAN / Volibris®
05608E	09649W	AMBRISENTAN / Volibris®
09597D	06100C	AZACITIDINE / Vidaza®, Azadine®, Celazadine®, Azacitidine Accord®, AZACITIDINE DR.REDDY'S®, Azacitidine Juno®
09598E	06138C	AZACITIDINE / Vidaza®, Azadine®, Celazadine®, Azacitidine Accord®, AZACITIDINE DR.REDDY'S®, Azacitidine Juno®
11529T	11504L	BENRALIZUMAB / Fasenra®
11549W	11523L	BENRALIZUMAB / Fasenra®
11830P	**11847M**	**BENRALIZUMAB / Fasenra®**
05618Q	06429J	BOSENTAN / Tracleer®, Bosentan Mylan®, Bosentan RBX®, Bosleer®, Bosentan-DRLA®, Bosentan Sandoz®, BOSENTAN DR. REDDY'S®, Bosentan APO®
05619R	06430K	BOSENTAN / Tracleer®, Bosentan Mylan®, Bosentan GH®, Bosentan RBX®, Bosleer®, Bosentan-DRLA®, Bosentan Sandoz®, BOSENTAN DR. REDDY'S®, Bosentan APO®
10183Y	10194M	ECULIZUMAB / Soliris®
10190H	10192K	ECULIZUMAB / Soliris®
10191J	10182X	ECULIZUMAB / Soliris®
10525Y	10521R	ECULIZUMAB / Soliris®
05826P	05828R	ELTROMBOPAG / Revolade®
05825N	05827Q	ELTROMBOPAG / Revolade®
11065J	11082G	EPOPROSTENOL / Flolan®
11090Q	11069N	EPOPROSTENOL / Flolan®
10130E	10111E	EPOPROSTENOL / Veletri®
10117L	10129D	EPOPROSTENOL / Veletri®
05733R	09615C	ETANERCEPT / Enbrel®
05734T	06367D	ETANERCEPT / Enbrel®
05735W	09641K	ETANERCEPT / Enbrel®
05751Q	06456T	ILOPROST / Ventavis®
09654D	09674E	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
05753T	06448J	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
05754W	09613Y	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
05755X	09612X	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®

s94 Public Hospital Item Code	Private Hospital and s90 Item Code	Generic Name / Brand Name®
05756Y	06496X	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
05757B	06397Q	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
05758C	09617E	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
10196P	10184B	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11389K	11399Y	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11424G	11412P	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11448M	11445J	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11481G	11487N	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11482H	11489Q	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11497D	11498E	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11606W	11590B	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
10067W*	10057H*	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11400B*	11396T*	INFLIXIMAB / Inflectra®, Renflexis®
11423F*	11432Q*	INFLIXIMAB / Inflectra®, Renflexis®
11449N*	11450P*	INFLIXIMAB / Inflectra®, Renflexis®
11459D	11797X	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11461F*	11796W*	INFLIXIMAB / Inflectra®, Renflexis®
11486M*	11488P*	INFLIXIMAB / Inflectra®, Renflexis®
11490R*	11483J*	INFLIXIMAB / Inflectra®, Renflexis®
11514B*	11515C*	INFLIXIMAB / Inflectra®, Renflexis®
11605T*	11595G*	INFLIXIMAB / Inflectra®, Renflexis®
10170G	10175M	IVACAFTOR / Kalydeco®
11105L	11097C	IVACAFTOR / Kalydeco®
11098D	11109Q	IVACAFTOR / Kalydeco®
02799H	02798G	LENALIDOMIDE / Revlimid®
02802L	02796E	LENALIDOMIDE / Revlimid®
05783J	09642L	LENALIDOMIDE / Revlimid®
05784K	09643M	LENALIDOMIDE / Revlimid®
05785L	09644N	LENALIDOMIDE / Revlimid®
05786M	09645P	LENALIDOMIDE / Revlimid®
11029L	11036W	LENALIDOMIDE / Revlimid®
11064H	11063G	LENALIDOMIDE / Revlimid®
11062F	11042E	LENALIDOMIDE / Revlimid®
11041D	11055W	LENALIDOMIDE / Revlimid®
11465K	11464J	LUMACAFTOR + IVACAFTOR / Orkambi®
11466L	11463H	LUMACAFTOR + IVACAFTOR / Orkambi®
11851R	**11848N**	**LUMACAFTOR + IVACAFTOR / Orkambi®**
11866M	**11841F**	**LUMACAFTOR + IVACAFTOR / Orkambi®**
10136L	10134J	MACITENTAN / Opsumit®
10980X	11014Q	MEPOLIZUMAB / Nucala®
10996R	11003D	MEPOLIZUMAB / Nucala®
11839D	**11829N**	**MEPOLIZUMAB / Nucala®**
11505M	11518F	MIDOSTAURIN / Rydapt®
11542L	11541K	MIDOSTAURIN / Rydapt®
11552B	11531X	MIDOSTAURIN / Rydapt®
11553C	11506N	MIDOSTAURIN / Rydapt®
11363C	11472T	NUSINERSEN / Spinraza®
11370K	11470Q	NUSINERSEN / Spinraza®
11378W	11476B	NUSINERSEN / Spinraza®

s94 Public Hospital Item Code	Private Hospital and s90 Item Code	Generic Name / Brand Name®
10118M	10110D	OMALIZUMAB / Xolair®
10109C	10122R	OMALIZUMAB / Xolair®
10967F	10956P	OMALIZUMAB / Xolair®
10973M	10968G	OMALIZUMAB / Xolair®
11176F	11175E	OMALIZUMAB / Xolair®
11168T	11163M	OMALIZUMAB / Xolair®
11824H	**11864K**	**OMALIZUMAB / Xolair®**
11828M	**11825J**	**OMALIZUMAB / Xolair®**
11835X	**11840E**	**OMALIZUMAB / Xolair®**
11846L	**11826K**	**OMALIZUMAB / Xolair®**
10886Y	10880P	PASIREOTIDE / Signifor LAR®
10883T	10884W	PASIREOTIDE / Signifor LAR®
10882R	10887B	PASIREOTIDE / Signifor LAR®
11179J	11167R	PEGVISOMANT / Somavert®
11173C	11172B	PEGVISOMANT / Somavert®
11177G	11166Q	PEGVISOMANT / Somavert®
11181L	11174D	PEGVISOMANT / Somavert®
10406Q	10417G	POMALIDOMIDE / Pomalyst®
10387Q	10386P	POMALIDOMIDE / Pomalyst®
10976Q	10990K	RIOCIGUAT / Adempas®
10977R	10975P	RIOCIGUAT / Adempas®
10984D	11012N	RIOCIGUAT / Adempas®
10989J	10974N	RIOCIGUAT / Adempas®
10995Q	11008J	RIOCIGUAT / Adempas®
11001B	11009K	RIOCIGUAT / Adempas®
11002C	10985E	RIOCIGUAT / Adempas®
11013P	11017W	RIOCIGUAT / Adempas®
11019Y	11018X	RIOCIGUAT / Adempas®
11020B	11010L	RIOCIGUAT / Adempas®
11040C	11031N	RIOCIGUAT / Adempas®
11059C	11058B	RIOCIGUAT / Adempas®
11053R	11060D	RIOCIGUAT / Adempas®
11054T	11028K	RIOCIGUAT / Adempas®
11047K	11046J	RIOCIGUAT / Adempas®
11048L	11061E	RIOCIGUAT / Adempas®
11038Y	11045H	RIOCIGUAT / Adempas®
11039B	11030M	RIOCIGUAT / Adempas®
11024F	11035T	RIOCIGUAT / Adempas®
11057Y	11052Q	RIOCIGUAT / Adempas®
09544H	09611W	RITUXIMAB / Mabthera®, Riximyo®
10591K	10583B	RITUXIMAB / Mabthera®, Riximyo®
10593M	10576P	RITUXIMAB / Mabthera®, Riximyo®
11800C*	11804G*	RITUXIMAB / Riximyo®
11805H*	11790M*	RITUXIMAB / Riximyo®
11813R*	11810N*	RITUXIMAB / Riximyo®
09696H	09697J	ROMIPLOSTIM / Nplate®
09698K	09699L	ROMIPLOSTIM / Nplate®
09547L	09605M	SILDENAFIL / Revatio®, APO-Sildenafil PHT®, SILDINAFIL-DRX®, Sildenafil AN PHT 20®, Sildenafil Sandoz PHT 20®

s94 Public Hospital Item Code	Private Hospital and s90 Item Code	Generic Name / Brand Name®
01308W	01304P	TADALAFIL / Adcirca®
11793Q	11795T	TEDUGLUTIDE / Revestive®
11794R	11806J	TEDUGLUTIDE / Revestive®
11808L	11812Q	TEDUGLUTIDE / Revestive®
11854X	**11834W**	**TEZACAFTOR + IVACAFTOR (&) IVACAFTOR / Symdeko®**
11863J	**11833T**	**TEZACAFTOR + IVACAFTOR (&) IVACAFTOR / Symdeko®**
01476Q	01419Q	TOCILIZUMAB / Actemra®
01481Y	01423X	TOCILIZUMAB / Actemra®
01482B	01464C	TOCILIZUMAB / Actemra®
09657G	09671B	TOCILIZUMAB / Actemra®
09658H	09672C	TOCILIZUMAB / Actemra®
09659J	09673D	TOCILIZUMAB / Actemra®
10056G	10071C	TOCILIZUMAB / Actemra®
10058J	10079L	TOCILIZUMAB / Actemra®
10064Q	10060L	TOCILIZUMAB / Actemra®
10072D	10078K	TOCILIZUMAB / Actemra®
10077J	10068X	TOCILIZUMAB / Actemra®
10081N	10073E	TOCILIZUMAB / Actemra®
11182M	11164N	USTEKINUMAB / Stelara®
10384M	10398G	VEDOLIZUMAB / Entyvio®
10390W	10415E	VEDOLIZUMAB / Entyvio®

Efficient Funding of Chemotherapy (EFC) complex authority items

s94 Public Hospital Item Code	Private Hospital and s90 Item Code	Generic Name / Brand Name®
11745E	11731K	BEVACIZUMAB / Avastin®
11749J	11727F	BEVACIZUMAB / Avastin®
11117D	11115B	BLINATUMOMAB / Blincyto®
11118E	11116C	BLINATUMOMAB / Blincyto®
11120G	11119F	BLINATUMOMAB / Blincyto®
11814T	11799B	BLINATUMOMAB / Blincyto®
11850Q	**11867N**	**BLINATUMOMAB / Blincyto®**
10166C	10172J	BRENTUXIMAB VEDOTIN / Adcetris®
10171H	10180T	BRENTUXIMAB VEDOTIN / Adcetris®
11073T	11089P	BRENTUXIMAB VEDOTIN / Adcetris®
11079D	11080E	BRENTUXIMAB VEDOTIN / Adcetris®
11087M	11086L	BRENTUXIMAB VEDOTIN / Adcetris®
11096B	11067L	BRENTUXIMAB VEDOTIN / Adcetris®
11660Q	11651F	BRENTUXIMAB VEDOTIN / Adcetris®
11664X	11661R	BRENTUXIMAB VEDOTIN / Adcetris®
11680R	11668D	INOTUZUMAB OZOGAMICIN / Besponsa®

s94 Public Hospital Item Code	Private Hospital and s90 Item Code	Generic Name / Brand Name®
11696N	11673J	INOTUZUMAB OZOGAMICIN / Besponsa®
11674K	11689F	INOTUZUMAB OZOGAMICIN / Besponsa®
11330H	11352L	PEMBROLIZUMAB / Keytruda®
10267J	10334X	PERTUZUMAB / Perjeta®
10309N	10268K	PERTUZUMAB / Perjeta®
10333W	10308M	PERTUZUMAB / Perjeta®
10581X	10589H	TRASTUZUMAB / Herceptin®, Ogivri®, Herzuma®
10588G	10597R	TRASTUZUMAB / Herceptin®, Ogivri®, Herzuma®
10391X	10402L	TRASTUZUMAB / Herceptin®, Ogivri®, Herzuma®
10401K	10383L	TRASTUZUMAB / Herceptin®, Ogivri®, Herzuma®
04632T	07264H	TRASTUZUMAB / Herceptin®, Ogivri®, Herzuma®
04639E	07265J	TRASTUZUMAB / Herceptin®, Ogivri®, Herzuma®
04650R	07266K	TRASTUZUMAB / Herceptin®, Ogivri®, Herzuma®
04703M	07267L	TRASTUZUMAB / Herceptin®, Ogivri®, Herzuma®
10282E	10281D	TRASTUZUMAB EMTANSINE / Kadcyla®