



Australian Government

Department of Health



Schedule of Pharmaceutical Benefits

Summary of Changes

Effective 1 June 2019



Fees, Patient Contributions and Safety Net Thresholds

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

Dispensing Fees:	Ready-prepared	\$7.29
	Dangerous drug fee	\$3.07
	Extemporaneously-prepared	\$9.33
	Allowable additional patient charge*	\$4.53
Additional Fees (for safety net prices):	Ready-prepared	\$1.23
	Extemporaneously-prepared	\$1.59
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 June 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

- 11703Y **ETHOSUXIMIDE**, ethosuximide 250 mg capsule, 100 (*Zarontin*)
- 11702X **FERRIC CARBOXYMALTOSE**, iron (as ferric carboxymaltose) 1 g/20 mL injection, 20 mL vial (*Ferinject*)
- 11705C **INSULIN ASPART**, insulin aspart 100 units/mL fast acting injection, 1 x 10 mL vial (*Fiasp*)
- 11706D **INSULIN ASPART**, insulin aspart 100 units/mL fast acting injection, 5 x 3 mL pen devices (*Fiasp FlexTouch*)

Addition – Brand

- 11198J *Brenzys, MK* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices
- 11201M *Brenzys, MK* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices
- 11220M *Brenzys, MK* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices
- 11222P *Brenzys, MK* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices
- 11196G *Brenzys, MK* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes
- 11208X *Brenzys, MK* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes
- 11219L *Brenzys, MK* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes
- 11224R *Brenzys, MK* – **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes
- 9022W *FENOFIBRATE RBX, RA* – **FENOFIBRATE**, fenofibrate 48 mg tablet, 60
- 9246P *FENOFIBRATE RBX, RA* – **FENOFIBRATE**, fenofibrate 48 mg tablet, 60
- 9023X *FENOFIBRATE RBX, RA* – **FENOFIBRATE**, fenofibrate 145 mg tablet, 30
- 9247Q *FENOFIBRATE RBX, RA* – **FENOFIBRATE**, fenofibrate 145 mg tablet, 30
- 8518H *Pavtide, GC* – **FLUTICASONE + SALMETEROL**, fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations
- 8519J *Pavtide, GC* – **FLUTICASONE + SALMETEROL**, fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations
- 8816B *Modafinil GH, GQ* – **MODAFINIL**, modafinil 100 mg tablet, 60
- 5191F *Oxycodone BNM, LI* – **OXYCODONE**, oxycodone hydrochloride 5 mg capsule, 20
- 8464L *Oxycodone BNM, LI* – **OXYCODONE**, oxycodone hydrochloride 5 mg capsule, 20
- 5197M *Oxycodone BNM, LI* – **OXYCODONE**, oxycodone hydrochloride 10 mg capsule, 20
- 8501K *Oxycodone BNM, LI* – **OXYCODONE**, oxycodone hydrochloride 10 mg capsule, 20
- 8502L *Oxycodone BNM, LI* – **OXYCODONE**, oxycodone hydrochloride 20 mg capsule, 20
- 11681T *Pantoprazole APOTEX, TY* – **PANTOPRAZOLE**, pantoprazole 40 mg enteric tablet, 30
- 2898M *Teriflunomide Sandoz, SZ* – **TERIFLUNOMIDE**, teriflunomide 14 mg tablet, 28

Addition – Equivalence Indicator

11198J	<i>Enbrel, PF</i> – ETANERCEPT , etanercept 50 mg/mL injection, 4 x 1 mL pen devices
11201M	<i>Enbrel, PF</i> – ETANERCEPT , etanercept 50 mg/mL injection, 4 x 1 mL pen devices
11220M	<i>Enbrel, PF</i> – ETANERCEPT , etanercept 50 mg/mL injection, 4 x 1 mL pen devices
11222P	<i>Enbrel, PF</i> – ETANERCEPT , etanercept 50 mg/mL injection, 4 x 1 mL pen devices
11196G	<i>Enbrel, PF</i> – ETANERCEPT , etanercept 50 mg/mL injection, 4 x 1 mL syringes
11208X	<i>Enbrel, PF</i> – ETANERCEPT , etanercept 50 mg/mL injection, 4 x 1 mL syringes
11219L	<i>Enbrel, PF</i> – ETANERCEPT , etanercept 50 mg/mL injection, 4 x 1 mL syringes
11224R	<i>Enbrel, PF</i> – ETANERCEPT , etanercept 50 mg/mL injection, 4 x 1 mL syringes
1413J	<i>Zarontin, IX</i> – ETHOSUXIMIDE , ethosuximide 250 mg capsule, 200
9022W	<i>Lipidil, GO</i> – FENOFIBRATE , fenofibrate 48 mg tablet, 60
9246P	<i>Lipidil, GO</i> – FENOFIBRATE , fenofibrate 48 mg tablet, 60
9023X	<i>Lipidil, GO</i> – FENOFIBRATE , fenofibrate 145 mg tablet, 30
9247Q	<i>Lipidil, GO</i> – FENOFIBRATE , fenofibrate 145 mg tablet, 30
5191F	<i>OxyNorm, MF</i> – OXYCODONE , oxycodone hydrochloride 5 mg capsule, 20
8464L	<i>OxyNorm, MF</i> – OXYCODONE , oxycodone hydrochloride 5 mg capsule, 20
5197M	<i>OxyNorm, MF</i> – OXYCODONE , oxycodone hydrochloride 10 mg capsule, 20
8501K	<i>OxyNorm, MF</i> – OXYCODONE , oxycodone hydrochloride 10 mg capsule, 20
8502L	<i>OxyNorm, MF</i> – OXYCODONE , oxycodone hydrochloride 20 mg capsule, 20
2898M	<i>Aubagio, GZ</i> – TERIFLUNOMIDE , teriflunomide 14 mg tablet, 28

Addition – Note

1413J	ETHOSUXIMIDE , ethosuximide 250 mg capsule, 200 (<i>Zarontin</i>)
11669E	LANSOPRAZOLE , lansoprazole 30 mg enteric capsule, 28 (<i>APO-Lansoprazole, Lanzopran, Zopral</i>)

Deletions**Deletion – Item**

5132D	HYDROMORPHONE , hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL (<i>Dilaudid</i>)
8424J	HYDROMORPHONE , hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL (<i>Dilaudid</i>)

Deletion – Brand

1147J	<i>Zedace, AF</i> – CAPTOPRIL , captopril 12.5 mg tablet, 90
1208N	<i>Ciproxin 250, BN</i> – CIPROFLOXACIN , ciprofloxacin 250 mg tablet, 14
3138E	<i>Clindamycin-Link, LI</i> – CLINDAMYCIN , clindamycin 150 mg capsule, 24
5057E	<i>Clindamycin-Link, LI</i> – CLINDAMYCIN , clindamycin 150 mg capsule, 24
1269T	<i>Cyprone, AF</i> – CYPROTERONE , cyproterone acetate 50 mg tablet, 20
1270W	<i>Cyprone, AF</i> – CYPROTERONE , cyproterone acetate 50 mg tablet, 50
8559L	<i>Nupentin Tabs, AF</i> – GABAPENTIN , gabapentin 600 mg tablet, 100
8389M	<i>Nupentin Tabs, AF</i> – GABAPENTIN , gabapentin 800 mg tablet, 100
8534E	<i>Zircol, AF</i> – LERCANIDIPINE , lercanidipine hydrochloride 10 mg tablet, 28
8679T	<i>Zircol, AF</i> – LERCANIDIPINE , lercanidipine hydrochloride 20 mg tablet, 28
8378Y	<i>Orion Temozolomide, ON</i> – TEMOZOLOMIDE , temozolomide 5 mg capsule, 5
8819E	<i>Orion Temozolomide, ON</i> – TEMOZOLOMIDE , temozolomide 5 mg capsule, 5
8379B	<i>Orion Temozolomide, ON</i> – TEMOZOLOMIDE , temozolomide 20 mg capsule, 5
8820F	<i>Orion Temozolomide, ON</i> – TEMOZOLOMIDE , temozolomide 20 mg capsule, 5
8380C	<i>Orion Temozolomide, ON</i> – TEMOZOLOMIDE , temozolomide 100 mg capsule, 5
8821G	<i>Orion Temozolomide, ON</i> – TEMOZOLOMIDE , temozolomide 100 mg capsule, 5
9361Q	<i>Orion Temozolomide, ON</i> – TEMOZOLOMIDE , temozolomide 140 mg capsule, 5
9362R	<i>Orion Temozolomide, ON</i> – TEMOZOLOMIDE , temozolomide 140 mg capsule, 5

10062N	Orion Temozolomide, ON – TEMOZOLOMIDE , temozolomide 180 mg capsule, 5
2438H	Orion Temozolomide, ON – TEMOZOLOMIDE , temozolomide 180 mg capsule, 5
8381D	Orion Temozolomide, ON – TEMOZOLOMIDE , temozolomide 250 mg capsule, 5
8523N	Tramedo SR 100, AF – TRAMADOL , tramadol hydrochloride 100 mg modified release tablet, 20
8524P	Tramedo SR 150, AF – TRAMADOL , tramadol hydrochloride 150 mg modified release tablet, 20
8525Q	Tramedo SR 200, AF – TRAMADOL , tramadol hydrochloride 200 mg modified release tablet, 20

Deletion – Equivalence Indicator

1147J	Captopril Sandoz, SZ – CAPTOPRIL , captopril 12.5 mg tablet, 90
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Deletion – Note

2898M	TERIFLUNOMIDE , teriflunomide 14 mg tablet, 28 (<i>Aubagio, Teriflunomide Sandoz</i>)
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Deletion – Restriction

9171Q	NILOTINIB , nilotinib 200 mg capsule, 120 (<i>Tasigna</i>)
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Alterations

Alteration – Item Description

From 1546J	AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE , AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE Oral liquid 125 mL, 30, 1 (<i>MSUD Lophlex LQ 20</i>)
To 1546J	AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE , amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 125 mL pouches (<i>MSUD Lophlex LQ 20</i>)
From 2375B	AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE , amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 130 mL cans (<i>MSUD cooler 15</i>)
To 2375B	AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE , amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 130 mL pouches (<i>MSUD cooler 15</i>)
From 1914R	AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE , AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE Sachets 34 g, 30, 1 (<i>MSUD express 20</i>)
To 1914R	AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE , amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 34 g sachets (<i>MSUD express 20</i>)
From 9499Y	AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE WITH FAT, CARBOHYDRATE AND TRACE ELEMENTS AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID , amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosaheptaenoic acid oral liquid, 36 x 125 mL cans (<i>MSUD Anamix Junior LQ</i>)
To 9499Y	AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE WITH FAT, CARBOHYDRATE AND TRACE ELEMENTS AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID , amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosaheptaenoic acid oral liquid, 36 x 125 mL bottles (<i>MSUD Anamix Junior LQ</i>)
From 11379X	FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL , fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 (<i>Trelegy Ellipta 100/62.5/25</i>)
To 11379X	FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL , fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations (<i>Trelegy Ellipta 100/62.5/25</i>)

From
10250L **IRON**, sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90 (*Velphoro*)
To
10250L **SUCROFERRIC OXYHYDROXIDE**, sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90 (*Velphoro*)

Alteration – Note

9033K **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes (*Humira*)
9034L **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes (*Humira*)
9101B **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices (*Humira*)
9102C **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices (*Humira*)
10238W **CERTOLIZUMAB PEGOL**, certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes (*Cimzia*)
10896L **CERTOLIZUMAB PEGOL**, certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes (*Cimzia*)
10909E **CERTOLIZUMAB PEGOL**, certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes (*Cimzia*)
11323Y **CERTOLIZUMAB PEGOL**, certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices (*Cimzia*)
11324B **CERTOLIZUMAB PEGOL**, certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices (*Cimzia*)
11326D **CERTOLIZUMAB PEGOL**, certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices (*Cimzia*)
11207W **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack (*Enbrel*)
9035M **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack (*Enbrel*)
9036N **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack (*Enbrel*)
11198J **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices (*Brenzys, Enbrel*)
11202N **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices (*Brenzys*)
9457R **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices (*Brenzys, Enbrel*)
9458T **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices (*Brenzys, Enbrel*)
11208X **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes (*Brenzys, Enbrel*)
11216H **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes (*Brenzys*)
9087G **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes (*Brenzys, Enbrel*)
9088H **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes (*Brenzys, Enbrel*)
11365E **GOLIMUMAB**, golimumab 50 mg/0.5 mL injection, 0.5 mL pen device (*Simponi*)
11373N **GOLIMUMAB**, golimumab 50 mg/0.5 mL injection, 0.5 mL pen device (*Simponi*)
3430M **GOLIMUMAB**, golimumab 50 mg/0.5 mL injection, 0.5 mL syringe (*Simponi*)
3432P **GOLIMUMAB**, golimumab 50 mg/0.5 mL injection, 0.5 mL syringe (*Simponi*)
11623R **IXEKIZUMAB**, ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices (*Taltz*)
10894J **SECUKINUMAB**, secukinumab 150 mg/mL injection, 2 x 1 mL pen devices (*Cosentyx*)
10895K **SECUKINUMAB**, secukinumab 150 mg/mL injection, 1 mL pen device (*Cosentyx*)
10898N **SECUKINUMAB**, secukinumab 150 mg/mL injection, 1 mL pen device (*Cosentyx*)
10899P **SECUKINUMAB**, secukinumab 150 mg/mL injection, 2 x 1 mL pen devices (*Cosentyx*)
10900Q **SECUKINUMAB**, secukinumab 150 mg/mL injection, 1 mL pen device (*Cosentyx*)
10901R **SECUKINUMAB**, secukinumab 150 mg/mL injection, 2 x 1 mL pen devices (*Cosentyx*)
10767Q **USTEKINUMAB**, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial (*Stelara*)
10774C **USTEKINUMAB**, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial (*Stelara*)

Alteration – Restriction

11452R **GUANFACINE**, guanfacine 1 mg modified release tablet, 28 (*Intuniv*)
11451Q **GUANFACINE**, guanfacine 2 mg modified release tablet, 28 (*Intuniv*)
11440D **GUANFACINE**, guanfacine 3 mg modified release tablet, 28 (*Intuniv*)
11441E **GUANFACINE**, guanfacine 4 mg modified release tablet, 28 (*Intuniv*)

8448P	URSODEOXYCHOLIC ACID , ursodeoxycholic acid 250 mg capsule, 100 (<i>APO-Ursodeoxycholic acid, Ursodox GH, Ursofalk, Ursosan</i>)
11180K	URSODEOXYCHOLIC ACID , ursodeoxycholic acid 500 mg tablet, 100 (<i>Ursofalk</i>)

Alteration – Manufacturer Code

		From	To
8518H	<i>SalplusF Inhaler 125/25</i> – FLUTICASONE + SALMETEROL , fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations	YC	SZ
8519J	<i>SalplusF Inhaler 250/25</i> – FLUTICASONE + SALMETEROL , fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations	YC	SZ
10066T	<i>TOBI podhaler</i> – TOBRAMYCIN , tobramycin 28 mg powder for inhalation, 224 capsules	NV	GO
10074F	<i>TOBI podhaler</i> – TOBRAMYCIN , tobramycin 28 mg powder for inhalation, 224 capsules	NV	GO
5442K	<i>Tobi</i> – TOBRAMYCIN , tobramycin 300 mg/5 mL inhalation solution, 56 x 5 mL ampoules	NV	GO

Advance Notices

1 July 2019

Deletion – Brand

8048N	<i>ReoPro, JC</i> – ABCIXIMAB , abciximab 10 mg/5 mL injection, 5 mL vial
2738D	<i>XP Maxamaid, SB</i> – AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE , amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 500 g
2518M	<i>Emend, MK</i> – APREPITANT , aprepitant 165 mg capsule, 1
9164H	<i>Cystine 500, VF</i> – CYSTINE WITH CARBOHYDRATE , cystine with carbohydrate containing 500 mg cystine oral liquid: powder for, 30 x 4 g sachets
1204J	<i>Flucon, NV</i> – FLUOROMETHOLONE , fluorometholone 0.1% eye drops, 5 mL
5513E	<i>Flucon, NV</i> – FLUOROMETHOLONE , fluorometholone 0.1% eye drops, 5 mL
8726G	<i>Copaxone, TB</i> – GLATIRAMER ACETATE , glatiramer acetate 20 mg/mL injection, 28 x 1 mL syringes
1280J	<i>Hydrene 25/50, AF</i> – HYDROCHLOROTHIAZIDE + TRIAMTERENE , hydrochlorothiazide 25 mg + triamterene 50 mg tablet, 100
8246B	<i>Abisart, AF</i> – IRBESARTAN , irbesartan 75 mg tablet, 30
8247C	<i>Abisart, AF</i> – IRBESARTAN , irbesartan 150 mg tablet, 30
8248D	<i>Abisart, AF</i> – IRBESARTAN , irbesartan 300 mg tablet, 30
2136K	<i>Abisart HCT 300/25, AF</i> – IRBESARTAN + HYDROCHLOROTHIAZIDE , irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30
8404H	<i>Abisart HCT 150/12.5, AF</i> – IRBESARTAN + HYDROCHLOROTHIAZIDE , irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
8405J	<i>Abisart HCT 300/12.5, AF</i> – IRBESARTAN + HYDROCHLOROTHIAZIDE , irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30
1801T	<i>Formet Aspen 850, RW</i> – METFORMIN , metformin hydrochloride 850 mg tablet, 60
2430X	<i>Formet Aspen 500, RW</i> – METFORMIN , metformin hydrochloride 500 mg tablet, 100
8732N	<i>Toprol-XL 23.75, AP</i> – METOPROLOL SUCCINATE , METOPROLOL SUCCINATE Tablet 23.75 mg (controlled release), 15
1966L	<i>Daraprim, RW</i> – PYRIMETHAMINE , pyrimethamine 25 mg tablet, 50
9059T	<i>Avandamet, GK</i> – ROSIGLITAZONE + METFORMIN , rosiglitazone 2 mg + metformin hydrochloride 500 mg tablet, 56
9060W	<i>Avandamet, GK</i> – ROSIGLITAZONE + METFORMIN , rosiglitazone 2 mg + metformin hydrochloride 1 g tablet, 56
9061X	<i>Avandamet, GK</i> – ROSIGLITAZONE + METFORMIN , rosiglitazone 4 mg + metformin hydrochloride 500 mg tablet, 56
9062Y	<i>Avandamet, GK</i> – ROSIGLITAZONE + METFORMIN , rosiglitazone 4 mg + metformin hydrochloride 1 g tablet, 56

1 August 2019

Deletion – Brand

2946C *Phosphate Sandoz, FF* – **PHOSPHORUS**, phosphorus 500 mg effervescent tablet, 100

1 September 2019

Deletion – Brand

1923F *MMA/PA cooler 15, VF* – **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE**, amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine oral liquid, 30 x 130 mL pouches

1711C *Hypurin Isophane, AS* – **INSULIN ISOPHANE BOVINE**, insulin isophane bovine 100 units/mL injection, 1 x 10 mL vial

1713E *Hypurin Neutral, AS* – **INSULIN NEUTRAL BOVINE**, insulin neutral bovine 100 units/mL injection, 1 x 10 mL vial

1 October 2019

Deletion – Brand

2544X *Akineton, GH* – **BIPERIDEN**, biperiden hydrochloride 2 mg tablet, 100

1 December 2019

Deletion – Brand

1002R *Zovirax, GK* – **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g

5501M *Zovirax, GK* – **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g

1 January 2020

Deletion – Brand

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

Highly Specialised Drugs Program (Private Hospital)

Deletions

Deletion – Item

1082Y **FILGRASTIM**, filgrastim 300 microgram/0.5 mL injection, 10 x 0.5 mL syringes (*TevaGrastim*)

1113N **FILGRASTIM**, filgrastim 480 microgram/0.8 mL injection, 10 x 0.8 mL syringes (*TevaGrastim*)

Deletion – Note

2008Q **MANNITOL**, mannitol 40 mg powder for inhalation, 280 capsules (*bronchitol*)

Alterations

Alteration – Item Description

From

10230K **IRON**, sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90 (*Velphoro*)

To

10230K **SUCROFERRIC OXYHYDROXIDE**, sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90 (*Velphoro*)

Alteration – Note

11475Y **APOMORPHINE**, apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices (*Movapo Pen*)

11688E **APOMORPHINE**, apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges (*Apomine Intermittent*)

11498E **INFLIXIMAB**, infliximab 100 mg injection, 1 vial (*Remicade*)

11515C **INFLIXIMAB**, infliximab 100 mg injection, 1 vial (*Inflextra, Renflexis*)

6496X **INFLIXIMAB**, infliximab 100 mg injection, 1 vial (*Inflextra, Remicade, Renflexis*)

Highly Specialised Drugs Program (Community Access)

Additions

Addition – Brand

10279B *ENTECAVIR APO, GX* – **ENTECAVIR**, entecavir 500 microgram tablet, 30

10353X *ENTECAVIR APO, GX* – **ENTECAVIR**, entecavir 1 mg tablet, 30

Advance Notices

1 July 2019

Deletion – Brand

10300D *Norvir, VE* – **RITONAVIR**, ritonavir 600 mg/7.5 mL oral liquid, 90 mL

1 January 2020

Deletion – Brand

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

Repatriation Pharmaceutical Benefits

Deletions

Deletion – Brand

4594T *Nupentin Tabs, AF* – **GABAPENTIN**, gabapentin 600 mg tablet, 100

4595W *Nupentin Tabs, AF* – **GABAPENTIN**, gabapentin 800 mg tablet, 100

DHS Complex Authority Administration s100 items – current at June 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.
 - Public hospital 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®
09598E	06138C	AZACITIDINE / Vidaza®, Azadine®, Celazadine®, Azacitidine Accord®, AZACITIDINE DR.REDDY'S®
11529T	11504L	BENRALIZUMAB / Fasenra®
11549W	11523L	BENRALIZUMAB / Fasenra®
05618Q	06429J	BOSENTAN / Tracleer®, Bosentan Mylan®, Bosentan RBX®, Bosleer®, Bosentan-DRLA®, Bosentan Sandoz®, Bosentan Apotex®, BOSENTAN DR. REDDY'S®, Bosentan APO®
05619R	06430K	BOSENTAN / Tracleer®, Bosentan Mylan®, Bosentan GH®, Bosentan RBX®, Bosleer®, Bosentan-DRLA®, Bosentan Sandoz®, Bosentan Apotex®, 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®

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®
11424G	11412P	INFLIXIMAB / Remicade®
11448M	11445J	INFLIXIMAB / Remicade®
11481G	11487N	INFLIXIMAB / Remicade®
11482H	11489Q	INFLIXIMAB / Remicade®
11497D	11498E	INFLIXIMAB / Remicade®
11606W	11590B	INFLIXIMAB / Remicade®
10067W*	10057H	INFLIXIMAB / Remicade®, Inflectra®, Renflexis®
11400B*	11396T	INFLIXIMAB / Inflectra®, Renflexis®
11423F*	11432Q	INFLIXIMAB / Inflectra®, Renflexis®
11449N*	11450P	INFLIXIMAB / Inflectra®, Renflexis®
11459D*	N/A	INFLIXIMAB / Remicade®
11461F*	N/A	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®
10136L	10134J	MACITENTAN / Opsumit®
10980X	11014Q	MEPOLIZUMAB / Nucala®
10996R	11003D	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®
10118M	10110D	OMALIZUMAB / Xolair®
10109C	10122R	OMALIZUMAB / Xolair®
10967F	10956P	OMALIZUMAB / Xolair®
10973M	10968G	OMALIZUMAB / Xolair®
11176F	11175E	OMALIZUMAB / Xolair®
11168T	11163M	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®
10591K	10583B	RITUXIMAB / Mabthera®
10593M	10576P	RITUXIMAB / Mabthera®
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®
01308W	01304P	TADALAFIL / Adcirca®
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®
11117D	11115B	BLINATUMOMAB / Blincyto®
11118E	11116C	BLINATUMOMAB / Blincyto®
11120G	11119F	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®
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®
10588G	10597R	TRASTUZUMAB / Herceptin®
10391X	10381J	TRASTUZUMAB / Herceptin®
10401K	10383L	TRASTUZUMAB / Herceptin®
10423N	10402L	TRASTUZUMAB / Herceptin®
04632T	07264H	TRASTUZUMAB / Herceptin®
04639E	07265J	TRASTUZUMAB / Herceptin®
04650R	07266K	TRASTUZUMAB / Herceptin®
04703M	07267L	TRASTUZUMAB / Herceptin®
10282E	10281D	TRASTUZUMAB EMTANSINE / Kadcyła®