



Australian Government

Department of Health and Ageing

**SCHEDULE OF PHARMACEUTICAL
BENEFITS FOR APPROVED PHARMACISTS
AND MEDICAL PRACTITIONERS**

**CHEMOTHERAPY PHARMACEUTICALS
ACCESS PROGRAM SUPPLEMENT**

EFFECTIVE 1 NOVEMBER 2009

CHEMOTHERAPY PHARMACEUTICALS ACCESS PROGRAM

This Supplement is effective from 1 November 2009 and all previous issues are cancelled. This Supplement is to be read in conjunction with the November 2009 issue of the Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners.

SUMMARY OF CHANGES

ADDITIONS

Additions — Brands

- 5936K *Gemcitabine Actavis, GQ* — **Gemcitabine hydrochloride**, Powder for I.V. infusion 200 mg (base)
5937L *Gemcitabine Actavis, GQ* — **Gemcitabine hydrochloride**, Powder for I.V. infusion 1 g (base)

ALTERATION

Alteration — Manufacturer's Code

- | | | | |
|-------|---|-------------|-----------|
| 5840J | Fludarabine phosphate , Powder for I.V. injection 50 mg (<i>Fludara</i>) | <i>From</i> | <i>To</i> |
| | | BN | GZ |
-

Explanatory Notes

In addition to the drugs and medicinal preparations listed in the Schedule of Pharmaceutical Benefits, a number of drugs are also available as pharmaceutical benefits but are distributed under alternative arrangements. These alternative arrangements are provided for under section 100 of the *National Health Act 1953*.

Section 100 chemotherapy drugs for day only admitted and non-admitted patients of Public Hospitals

The adoption of the Australian Government's pharmaceutical reforms will see a change to the access arrangements for cancer chemotherapy drugs for public hospitals.

A range of currently listed PBS cancer chemotherapy agents have been transferred to section 100 funding arrangements to facilitate access to day admitted and non-admitted patients. Benefits are available for the listed chemotherapy drugs only. There is no facility for individual approval for chemotherapy drugs outside those listed.

To gain access to a Commonwealth funded drug under this arrangement a patient must attend a participating public hospital and be a day admitted or non-admitted patient. Only a medical practitioner, in the course of employment with the participating public hospital, may prescribe the subsidised medication.

Chemotherapy drugs claimed under this arrangement may only be supplied by an approved hospital authority and only dispensed by the hospital pharmacy.

All drugs supplied under these arrangements will have a patient copayment deducted from the Commonwealth reimbursement price. Under the provisions of the National Healthcare Agreement, copayments cannot be raised, by the hospital, for drugs supplied to day admitted patients. Copayments can be raised and collected, by the hospital, for non-admitted patients.

If you would like further information about the special arrangements for section 100 chemotherapy drugs, please contact the State Government adviser:

Victoria	(03) 9096 2506
Queensland	(07) 3636 9830
Western Australia	(08) 9388 4980
Northern Territory	(08) 8999 2448

As of 1 September 2009, some of the chemotherapy pharmaceuticals that are available for supply under the Program no longer require an authority from the Medicare Australia CEO. Medical practitioners who prescribe these drugs to their patients (and approved hospital authorities acting on their behalf) only need to record a four digit streamlined authority code on the patient's medication chart to indicate that these drugs have been prescribed in accordance with the restrictions set out in this schedule.

For more information on how to prescribe these 'Authority required (STREAMLINED)' items, refer to the Explanatory Notes of the Schedule of Pharmaceutical Benefits at www.pbs.gov.au or the Medicare Australia website at www.medicareaustralia.gov.au.

For further information on streamlined authority arrangements, visit the Department of Health and Ageing website at www.health.gov.au/pbsreform.

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
AF	Alphapharm Pty Limited Chase Building 2 Wentworth Park Road Glebe NSW 2037 Tel: (02) 9298 3999 Fax: (02) 9566 4686	IT	InterPharma Pty Ltd Suite 3, 14 Sydney Road Manly NSW 2095 Tel: (02) 9976 6876 Fax: (02) 9976 6859
BQ	Bristol-Myers Squibb Pharmaceuticals A Division of Bristol-Myers Squibb Australia Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9701 1518	JC	Janssen-Cilag Pty Ltd 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 8875 3333 Fax: (02) 8875 3300
BX	Baxter Healthcare Pty Limited 1 Baxter Drive Old Toongabbie NSW 2146 Tel: (02) 9848 1111 Fax: (02) 9848 1123	LM	Link Medical Products Pty Ltd Level 1, Bridgepoint Centre 3 Brady Street Mosman NSW 2088 Tel: (02) 9960 0150 Fax: (02) 9960 0149
FB	Pierre Fabre Medicament Australia Pty Limited Unit 26B, Parkview Business Centre 1 Maitland Place Baulkham Hills NSW 2153 Tel: (02) 8858 2800 Fax: (02) 8858 2888	LY	Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410
GK	GlaxoSmithKline Australia Pty Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9721 6000 Fax: (03) 9729 5319	MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
GQ	Generic Health Pty Ltd Suite 1, Level 1 1175 Toorak Road Camberwell Vic 3124 Tel: (03) 9809 7900 Fax: (03) 9809 7999	NV	Novartis Pharmaceuticals Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551
GZ	Genzyme Australasia Pty Ltd Level 1, Building C 12-24 Talavera Road North Ryde NSW 2113 Tel: (02) 9978 3900 Fax: (02) 9889 3900	OA	Orphan Australia Pty Ltd 48 Kangan Drive Berwick Vic 3806 Tel: (03) 9769 5744 Fax: (03) 9769 5944
HH	Hospira Pty Ltd (David Bull Laboratories, Faulding Pharmaceuticals) Level 6, 390 St Kilda Road Melbourne Vic 3004 Tel: (03) 9868 0700 Fax: (03) 9868 0111	OE	Omegapharm Pty Ltd 15a Leinster Street Ormond Vic 3204 Tel: (03) 9578 0806 Fax: (03) 9578 0806
		PF	Pfizer Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
PH	Pharmacia Australia Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347	SW	Sanofi-Aventis Australia Pty Ltd Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000
PL	Phebra 332 Burns Bay Road Lane Cove NSW 2066 Tel: (02) 9420 9199 Fax: (02) 9420 9177	SZ	Sandoz Pty Ltd Level 4, Suite 7-19 100 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
PU	Pharmacia & Upjohn Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347	TS	Specialised Therapeutics Australia Pty Ltd Suite 3-4, 6 Westbrook Street East Kew Vic 3102 Tel: (03) 9859 1493 Fax: (03) 9859 6950
RE	Real-RL Division of GlaxoSmithKline Australia Pty Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9721 6000 Fax: (03) 9721 5319	TX	Apotex Pty Ltd 66 Waterloo Road North Ryde NSW 2113 Tel: (02) 8877 8333 Fax: (02) 8877 8377
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9971 7401	WA	Winthrop Pharmaceuticals Division of Sanofi-Aventis Australia Pty Limited Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000
SE	Servier Laboratories (Aust.) Pty Ltd 8 Cato Street Hawthorn Vic 3122 Tel: (03) 8823 7333 Fax: (03) 9822 9790	ZP	Spirit Pharmaceuticals Pty Ltd 117 Harrington Street The Rocks Sydney NSW 2000 Tel: (02) 9251 1088 Fax: (02) 9251 1099
SG	Merck Serono Australia Pty Ltd Unit 3-4, 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: (02) 8977 4100 Fax: (02) 9975 1516		
SH	Schering-Plough Pty Ltd Level 4, 66 Waterloo Road North Ryde NSW 2113 Tel: (02) 8988 8000 Fax: (02) 9852 7500		
SI	Sigma Pharmaceuticals (Australia) Pty Ltd A member of Sigma Group of Companies 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2753		

SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 32, in the Schedule of Pharmaceutical Benefits.

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Reimburse- ment Price for Max. Qty \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
<i>BLEOMYCIN SULFATE</i>								
<u>Restricted Benefit</u>								
<i>Germ cell neoplasms;</i>								
<i>Lymphoma.</i>								
5903Q	<i>Powder for injection 15,000 i.u.</i>	10	..	s382.90	*425.80	* 808.70	32.90	<i>a Hospira Pty HH Limited</i>
				s383.00	425.74	808.74	32.90	<i>a Blenamax SI</i>
				b65.99	425.74	874.73	32.90	<i>a Blenoxane BQ</i>
				s383.00				

7
GENERAL

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
APREPITANT							
NOTE:							
<i>Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.</i>							
Authority Required							
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy, in combination with a 5HT3 antagonist and dexamethasone, where any 1 of the following chemotherapy agents are to be administered:</i>							
<i>(a) altretamine;</i>							
<i>(b) carmustine;</i>							
<i>(c) cisplatin when a single dose constitutes a cycle of chemotherapy;</i>							
<i>(d) cyclophosphamide at a dose of 1500 mg per square metre per day or greater;</i>							
<i>(e) dacarbazine;</i>							
<i>(f) procarbazine when a single dose constitutes a cycle of chemotherapy;</i>							
<i>(g) streptozocin.</i>							
<i>No more than 1 pack containing 1 x 125 mg capsule and 2 x 80 mg capsules will be authorised per cycle of cytotoxic chemotherapy;</i>							
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat breast cancer, in combination with a 5HT3 antagonist and dexamethasone, where cyclophosphamide and an anthracycline are to be co-administered.</i>							
<i>No more than 1 pack containing 1 x 125 mg capsule and 2 x 80 mg capsules will be authorised per cycle of cytotoxic chemotherapy.</i>							
NOTE:							
<i>No applications for increased maximum quantities will be authorised. Prescribers should advise Medicare Australia of the number of cycles planned when requesting approval for repeats.</i>							
5888X	Pack containing 1 capsule 125 mg and 2 capsules 80 mg	1	1	..	120.00	32.90	Emend MK
ARSENIC TRIOXIDE							
Authority Required							
<i>Induction and consolidation treatment of relapsed acute promyelocytic leukaemia (characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript) in a patient who is arsenic naive at induction.</i>							
5851Y	Injection concentrate 10 mg in 10 mL	60	2	..	* 24049.62	32.90	Phenasen PL
BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/Connaught strain)							
Restricted Benefit							
<i>Treatment of carcinoma in situ of the urinary bladder.</i>							
5901N	Single dose set comprising 1 vial powder for intravesical administration containing 6.6 to 19.2 x 10 ⁸ CFU and 1 vial diluent 3 mL	3	1	..	* 405.00	32.90	ImmuCyst SW
BCG-TICE (Bacillus Calmette-Guérin/ Tice strain)							
Restricted Benefit							
<i>Primary and relapsing superficial urothelial carcinoma of the bladder.</i>							
5902P	Vial containing powder for intravesical administration approximately 5 x 10 ⁸ CFU	3	1	..	491.83	32.90	OncoTICE SH

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
BEVACIZUMAB								
Authority Required								
<i>Initial PBS-subsidised treatment, in combination with first-line chemotherapy, of a patient with previously untreated metastatic colorectal cancer with a WHO performance status of 0 or 1.</i>								
NOTE:								
<i>Not for use as monotherapy.</i>								
Authority Required								
<i>Continuing PBS-subsidised treatment, in combination with first-line chemotherapy, of a patient with metastatic colorectal cancer who has previously been issued with an authority prescription for bevacizumab and who does not have progressive disease and who remains on first-line chemotherapy.</i>								
NOTE:								
<i>Not for use as monotherapy.</i>								
5849W	Solution for I.V. infusion 100 mg in 4 mL	1	..	..	472.50	32.90	Avastin	RO
5850X	Solution for I.V. infusion 400 mg in 16 mL	1	..	..	1720.00	32.90	Avastin	RO
NOTE:								
<i>Special Pricing Arrangements apply.</i>								
CALCIUM FOLINATE								
5890B	Injection equivalent to 50 mg folic acid in 5 mL	5	5	..	* 122.95	32.90	^a Leucovorin Calcium	HH
				..	122.96	32.90	^a Calcium Folate Ebewe	IT
				B0.13	* 123.08	32.90	^a Leucovorin Calcium	PF
5886T	Injection equivalent to 100 mg folic acid in 10 mL	10	1	..	226.90	32.90	^a Leucovorin Calcium	PF
				..	* 226.90	32.90	^a Calcium Folate Ebewe	IT
5870Y	Injection equivalent to 300 mg folic acid in 30 mL	4	1	..	* 265.44	32.90	Leucovorin Calcium	HH
Restricted Benefit								
<i>Antidote to folic acid antagonists.</i>								
5904R	Tablet equivalent to 15 mg folic acid	10	..	..	79.14	32.90	Leucovorin Calcium	HH
CARBOPLATIN								
5906W	Solution for I.V. injection 50 mg in 5 mL	2	..	..	* 51.28	32.90	^a Carboplatin Ebewe ^a Hospira Pty Limited ^a Pfizer Australia Pty Ltd	IT HH PU
5907X	Solution for I.V. injection 150 mg in 15 mL	6	..	..	* 371.40	32.90	^a Carboplatin Ebewe ^a Hospira Pty Limited ^a Pfizer Australia Pty Ltd	IT HH PU

continued ↗

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5908Y	Solution for I.V. injection 450 mg in 45 mL		2	..	..	* 233.30 32.90	^a Carboplatin Ebewe ^a Hospira Pty Limited ^a Pfizer Australia Pty Ltd	IT HH PU
CETUXIMAB								
Authority Required								
<i>Initial treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx for the week prior to radiotherapy, where cisplatin is contraindicated according to the TGA-approved Product Information;</i>								
<i>Initial treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx, in combination with radiotherapy, where cisplatin is not tolerated.</i>								
NOTE:								
<i>No applications for repeats will be authorised.</i>								
5836E	<i>Solution for I.V. infusion 100 mg in 20 mL</i>		1	..	..	341.00 32.90	<i>Erbitux</i>	SG
5831X	<i>Solution for I.V. infusion 100 mg in 50 mL</i>		1	..	..	341.00 32.90	<i>Erbitux</i>	SG
5837F	<i>Solution for I.V. infusion 500 mg in 100 mL</i>		1	..	..	1705.00 32.90	<i>Erbitux</i>	SG
Authority Required								
<i>Continuing treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx, in combination with radiotherapy, where cisplatin is either contraindicated or not tolerated.</i>								
NOTE:								
<i>A maximum lifetime supply for this indication is limited to a maximum of 8 treatments per site and to 10 treatments per site for patients in whom radiotherapy is interrupted.</i>								
5838G	<i>Solution for I.V. infusion 100 mg in 20 mL</i>		1	6	..	341.00 32.90	<i>Erbitux</i>	SG
5832Y	<i>Solution for I.V. infusion 100 mg in 50 mL</i>		1	6	..	341.00 32.90	<i>Erbitux</i>	SG
5839H	<i>Solution for I.V. infusion 500 mg in 100 mL</i>		1	6	..	1705.00 32.90	<i>Erbitux</i>	SG
CISPLATIN								
5909B	I.V. injection 10 mg in 10 mL		1	..	..	6.68 7.73	Pfizer Australia Pty Ltd	PU
5910C	I.V. injection 50 mg in 50 mL		1	..	..	18.97 20.02	^a Hospira Pty Limited ^a Pfizer Australia Pty Ltd	HH PU
5911D	I.V. injection 100 mg in 100 mL		1	..	..	45.15 32.90	^a Cisplatin Ebewe ^a Hospira Pty Limited ^a Pfizer Australia Pty Ltd	IT HH PU

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CLADRIBINE								
Authority Required (STREAMLINED)								
3180								
Hairy cell leukaemia.								
5889Y	Injection 10 mg in 5 mL		7	..	..	* 4483.22 32.90	Litak	OA
5912E	Solution for I.V. infusion 10 mg in 10 mL		7	..	..	4483.23 32.90	Leustatin	JC
CYCLOPHOSPHAMIDE								
5914G	Powder for injection 500 mg		2	..	..	* 18.88 19.93	Endoxan	BX
5915H	Powder for injection 1 g		1	..	..	16.66 17.71	Endoxan	BX
5916J	Powder for injection 2 g		1	..	..	29.67 30.72	Endoxan	BX
CYTARABINE								
5918L	Injection 100 mg in 5 mL		10	1	..	* 75.34 32.90	Pfizer Australia Pty Ltd	PU
DOCETAXEL								
Authority Required								
<i>Neoadjuvant treatment of a patient with a WHO performance status of 1 or less, with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx, in combination with cisplatin and fluorouracil.</i>								
NOTE:								
<i>The carcinoma can be considered inoperable for technical or organ preservation reasons.</i>								
5842L	Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL and 1 single use vial solvent 1.5 mL		1	..	..	292.73 32.90	Taxotere	SW
Authority Required								
<i>Adjuvant treatment of node-positive breast cancer in combination with an anthracycline and cyclophosphamide;</i>								
<i>Advanced breast cancer after failure of prior therapy which includes an anthracycline;</i>								
<i>Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound;</i>								
<i>Locally advanced or metastatic non-small cell lung cancer;</i>								
<i>Treatment of HER2 positive early breast cancer in combination with trastuzumab.</i>								
Authority Required								
<i>Treatment of androgen independent (hormone refractory) metastatic carcinoma of the prostate in a patient with a Karnofsky performance-status score of at least 60%. Docetaxel must be used as first-line chemotherapy and administered in three weekly cycles.</i>								
NOTE:								
<i>A maximum of 10 cycles of treatment with docetaxel will be authorised under this restriction.</i>								
5921P	Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL and 1 single use vial solvent 1.5 mL		2	..	..	* 585.46 32.90	Taxotere	SW

continued ☞

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
<u>Authority Required</u>								
<i>Neoadjuvant treatment of a patient with a WHO performance status of 1 or less, with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx, in combination with cisplatin and fluorouracil.</i>								
<u>NOTE:</u>								
<i>The carcinoma can be considered inoperable for technical or organ preservation reasons.</i>								
<u>Authority Required</u>								
<i>Adjuvant treatment of node-positive breast cancer in combination with an anthracycline and cyclophosphamide;</i>								
<i>Advanced breast cancer after failure of prior therapy which includes an anthracycline;</i>								
<i>Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound;</i>								
<i>Locally advanced or metastatic non-small cell lung cancer;</i>								
<i>Treatment of HER2 positive early breast cancer in combination with trastuzumab.</i>								
<u>Authority Required</u>								
<i>Treatment of androgen independent (hormone refractory) metastatic carcinoma of the prostate in a patient with a Karnofsky performance-status score of at least 60%. Docetaxel must be used as first-line chemotherapy and administered in three weekly cycles.</i>								
<u>NOTE:</u>								
<i>A maximum of 10 cycles of treatment with docetaxel will be authorised under this restriction.</i>								
5922Q	<i>Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL and 1 single use vial solvent 6 mL</i>	1	..	..	1174.21	32.90	<i>Taxotere</i>	SW
DOLASETRON MESYLATE								
<u>Restricted Benefit</u>								
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.</i>								
<i>Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.</i>								
5923R	<i>Tablet 200 mg</i>	2	..	..	37.02	32.90	<i>Anzemet</i>	SW
5924T	<i>I.V. injection 100 mg in 5 mL</i>	1	..	..	18.50	19.55	<i>Anzemet</i>	SW
DOXORUBICIN HYDROCHLORIDE								
5925W	Solution for I.V. injection or intravesical administration 10 mg in 5 mL	4	..	..	* 113.04	32.90	^a Adriamycin Solution ^a Doxorubicin Ebewe ^a Hospira Pty Limited	PH IT HH
5926X	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	* 202.20	32.90	Adriamycin Solution	PH
5927Y	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	* 358.50	32.90	^a Adriamycin Solution ^a Doxorubicin Ebewe ^a Hospira Pty Limited	PH IT HH
5879K	Solution for I.V. injection or intravesical administration 100 mg in 50 mL	1	..	..	239.00	32.90	Doxorubicin Ebewe	IT
5880L	Solution for I.V. injection or intravesical administration 200 mg in 100 mL	1	..	..	477.99	32.90	^a Adriamycin ^a Doxorubicin Ebewe	PF IT

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL								
Authority Required								
<i>Advanced epithelial ovarian cancer in women who have failed a first-line platinum-based chemotherapy regimen;</i>								
<i>Metastatic breast cancer, as monotherapy, after failure of prior therapy which includes capecitabine and a taxane;</i>								
<i>Metastatic breast cancer, as monotherapy, where therapy with capecitabine and/or a taxane is contraindicated.</i>								
5891C	Suspension for I.V. infusion 20 mg in 10 mL	1	..	..	622.99	32.90	Caelyx	SH
5892D	Suspension for I.V. infusion 50 mg in 25 mL	1	..	..	1483.30	32.90	Caelyx	SH
EPIRUBICIN HYDROCHLORIDE								
5928B	Solution for injection 10 mg in 5 mL	4	..	..	* 178.04	32.90	^a Epirubicin Ebewe ^a Pharmorubicin Solution	IT PH
5929C	Solution for injection 20 mg in 10 mL	4	..	..	* 343.68	32.90	Pharmorubicin Solution	PH
5930D	Solution for injection 50 mg in 25 mL	4	..	..	* 849.84	32.90	^a Epirubicin Ebewe ^a Hospira Pty Limited ^a Pharmorubicin Solution	IT HH PH
5885R	Solution for injection 100 mg in 50 mL	2	..	..	* 838.42	32.90	^a Epirubicin Ebewe ^a Hospira Pty Limited	IT HH
5884Q	Solution for injection 200 mg in 100 mL	1	..	..	825.86	32.90	Epirubicin Ebewe	IT
ETOPOSIDE								
5931E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	* 138.25	32.90	^a Hospira Pty Limited	HH
					138.27	32.90	^a Etoposide Ebewe	IT
5932F	Powder for I.V. infusion 100 mg (as phosphate)	5	..	..	* 138.25	32.90	Etopophos	BQ
5933G	Powder for I.V. infusion 1 g (as phosphate)	1	..	..	276.50	32.90	Etopophos	BQ
FLUDARABINE PHOSPHATE								
Authority Required								
<i>B-cell chronic lymphocytic leukaemia in combination with cyclophosphamide where the patient has advanced disease (Binet Stage B or C) or evidence of progressive Stage A disease.</i>								
<i>Stage A progressive disease is defined by at least one of the following:</i>								
<i>persistent rise in lymphocyte count with doubling time less than 12 months;</i>								
<i>a downward trend in haemoglobin or platelets, or both;</i>								
<i>more than 50% increase in the size of liver, spleen, or lymph nodes, or appearance of these signs if not previously present;</i>								
<i>constitutional symptoms attributable to disease.</i>								
<i>The diagnosis of chronic lymphocytic leukaemia (CLL) must have been established based on:</i>								
<i>(a) a lymphocytosis, with more than 5,000 million lymphocytes per L in the peripheral blood; and</i>								
<i>(b) a clonal population of B-cells (CD5/CD19) documented by flow cytometry.</i>								

continued ☞

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5840J	Powder for I.V. injection 50 mg	5	3	..	1430.64	32.90	^a Fludara	GZ
				..	* 1430.65	32.90	^a Fludarabine Actavis	GQ
5841K	Solution for I.V. injection 50 mg in 2 mL	5	3	..	1430.64	32.90	^a Fludarabine Ebewe	IT
	NOTE: The solution for I.V. injection and powder for I.V. injection (after reconstitution) are bioequivalent.							
	FLUOROURACIL							
5935J	Injection 500 mg in 10 mL	10	..	..	* 42.50	32.90	^a Hospira Pty Limited	HH
				..	* 42.50	32.90	^a Fluorouracil Ebewe	IT
5872C	Injection 1000 mg in 20 mL	5	..	..	* 36.15	32.90	Fluorouracil Ebewe	IT
	FOTEMUSTINE							
	Authority Required (STREAMLINED) 3181 Metastatic malignant melanoma.							
5900M	Powder for injection 208 mg with solvent	1	4	..	982.14	32.90	Muphoran	SE
	GEMCITABINE HYDROCHLORIDE							
	Authority Required Advanced breast cancer in combination with paclitaxel after failure of prior therapy which includes an anthracycline; Advanced epithelial ovarian cancer, in combination with carboplatin, in patients who relapse more than 6 months after platinum-based therapy; Locally advanced or metastatic non-small cell lung cancer; Locally advanced or metastatic adenocarcinoma of the pancreas; Locally advanced or metastatic bladder cancer, in combination with cisplatin.							
5936K	Powder for I.V. infusion 200 mg (base)	4	2	..	* 172.12	32.90	^a DBL Gemcitabine for Injection	HH
							^a Gemcitabine Actavis	GQ
							^a Gemcite	ZP
							^a Gemzar	LY
5843M	Solution concentrate for I.V. infusion 200 mg (base) in 20 mL	4	2	..	* 172.12	32.90	^a Gemcitabine Ebewe	IT
	NOTE: The powder for I.V. infusion 200 mg (base) (after reconstitution) and the solution concentrate for I.V. infusion 200 mg (base) are bioequivalent.							
5852B	Solution concentrate for I.V. infusion 500 mg (base) in 50 mL	4	2	..	* 425.00	32.90	Gemcitabine Ebewe	IT
5937L	Powder for I.V. infusion 1 g (base)	2	2	..	* 425.00	32.90	^a DBL Gemcitabine for Injection	HH
							^a Gemcitabine Actavis	GQ
							^a Gemcite	ZP
							^a Gemzar	LY

continued ☞

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5844N	<i>Solution concentrate for I.V. infusion 1000 mg (base) in 100 mL</i>	2	2	..	* 425.00	32.90	^a Gemcitabine Ebewe	IT
	NOTE: <i>The powder for I.V. infusion 1 g (base) (after reconstitution) and the solution concentrate for I.V. infusion 1000 mg (base) are bioequivalent.</i>							
5845P	<i>Powder for I.V. infusion 2 g (base)</i>	1	2	..	425.97	32.90	DBL Gemcitabine for Injection	HH
GRANISETRON HYDROCHLORIDE								
Restricted Benefit <i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration. Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.</i>								
5898K	<i>Tablet 2 mg (base)</i>	2	..	..	* 44.44	32.90	Kytril	HH
5899L	<i>Concentrated injection 3 mg (base) in 3 mL</i>	1	..	..	25.42	26.47	Kytril	HH
IDARUBICIN HYDROCHLORIDE								
Restricted Benefit <i>Acute myelogenous leukaemia.</i>								
5941Q	<i>Solution for I.V. injection 5 mg in 5 mL</i>	3	..	..	503.00	32.90	Zavedos Solution	PH
5942R	<i>Solution for I.V. injection 10 mg in 10 mL</i>	6	..	..	1958.44	32.90	Zavedos Solution	PH
IFOSFAMIDE								
Restricted Benefit <i>Relapsed or refractory germ cell tumours following first-line chemotherapy; Relapsed or refractory sarcomas following first-line chemotherapy.</i>								
5943T	<i>Powder for I.V. injection 1 g</i>	5	5	..	* 220.55	32.90	Holoxan	BX
5944W	<i>Powder for I.V. injection 2 g</i>	5	5	..	* 421.00	32.90	Holoxan	BX
INTERFERON ALFA-2a								
CAUTION: <i>Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.</i>								
Authority Required <i>Hairy cell leukaemia; Myeloproliferative disease with excessive thrombocytosis.</i>								
5945X	<i>Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	15	4	..	* 447.00	32.90	Roferon-A	RO
Authority Required <i>Myeloproliferative disease with excessive thrombocytosis.</i>								
5996N	<i>Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	5	4	..	* 223.50	32.90	Roferon-A	RO

continued ☞

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer		
5997P	<i>Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>		5	4	..	* 297.90	32.90	<i>Roferon-A</i>	<i>RO</i>
5998Q	<i>Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>		5	4	..	* 446.90	32.90	<i>Roferon-A</i>	<i>RO</i>

Authority Required

Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.

5946Y	<i>Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>		15	5	..	* 447.00	32.90	<i>Roferon-A</i>	<i>RO</i>
5947B	<i>Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe</i>		5	5	..	* 223.50	32.90	<i>Roferon-A</i>	<i>RO</i>
5948C	<i>Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>		5	5	..	* 297.90	32.90	<i>Roferon-A</i>	<i>RO</i>
5949D	<i>Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>		5	5	..	* 446.90	32.90	<i>Roferon-A</i>	<i>RO</i>

INTERFERON ALFA-2b**CAUTION:**

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Authority Required

Hairy cell leukaemia.

5893E	<i>Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen</i>		3	4	..	* 536.22	32.90	<i>Intron A Redipen</i>	<i>SH</i>
-------	--	--	---	---	----	----------	-------	-------------------------	-----------

Authority Required

Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy;

Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.

5953H	<i>Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen</i>		3	5	..	* 536.22	32.90	<i>Intron A Redipen</i>	<i>SH</i>
5956L	<i>Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen</i>		3	5	..	* 893.70	32.90	<i>Intron A Redipen</i>	<i>SH</i>

IRINOTECAN HYDROCHLORIDE TRIHYDRATE**Authority Required (STREAMLINED)**

3184

Metastatic colorectal cancer in patients with a WHO performance status of 2 or less.

NOTE:

In first-line usage, effectiveness and tolerance may be improved when irinotecan is combined with an infusional 5-fluorouracil regimen.

continued ☞

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5958N	<i>I.V. injection 40 mg in 2 mL</i>	1	3	..	113.45	32.90	^a <i>Camptosar</i>	PU
							^a <i>Hospira Pty Limited</i>	HH
							^a <i>Irinotecan Actavis</i>	GQ
							^a <i>Irinotecan Sandoz</i>	SZ
							^a <i>Omegapharm Irinotecan</i>	OE
5959P	<i>I.V. injection 100 mg in 5 mL</i>	2	3	..	* 567.22	32.90	^a <i>Hospira Pty Limited</i>	HH
				..	* 567.24	32.90	^a <i>Camptosar</i>	PU
							^a <i>Irinotecan Actavis</i>	GQ
							^a <i>Irinotecan Sandoz</i>	SZ
							^a <i>Omegapharm Irinotecan</i>	OE
5846Q	<i>I.V. injection 300 mg in 15 mL</i>	1	3	..	850.12	32.90	<i>Camptosar</i>	PF
5833B	<i>I.V. injection 500 mg in 25 mL</i>	1	3	..	1454.70	32.90	<i>Hospira Pty Limited</i>	HH
MESNA								
Restricted Benefit								
<i>Adjunctive therapy for use with ifosfamide or high dose cyclophosphamide.</i>								
5960Q	<i>Solution for I.V. injection 400 mg in 4 mL</i>	15	5	..	56.13	32.90	<i>Uromitexan</i>	BX
5961R	<i>Solution for I.V. injection 1 g in 10 mL</i>	15	5	..	128.30	32.90	<i>Uromitexan</i>	BX
METHOTREXATE								
5962T	<i>Injection 5 mg in 2 mL</i>	5	..	..	25.08	26.13	<i>Hospira Pty Limited</i>	HH
5963W	<i>Injection 50 mg in 2 mL</i>	5	..	..	24.52	25.57	<i>Hospira Pty Limited</i>	HH
							<i>Pfizer Australia Pty Ltd</i>	PU
5873D	<i>Solution concentrate for I.V. infusion 500 mg in 20 mL</i>	1	..	..	49.04	32.90	<i>Hospira Pty Limited</i>	HH
5875F	<i>Solution concentrate for I.V. infusion 1000 mg in 10 mL</i>	1	..	..	98.09	32.90	^a <i>Hospira Pty Limited</i>	HH
							^a <i>Methotrexate Ebewe</i>	IT
5876G	<i>Solution concentrate for I.V. infusion 5000 mg in 50 mL</i>	1	..	..	490.48	32.90	<i>Methotrexate Ebewe</i>	IT
MITOZANTRONE HYDROCHLORIDE								
5964X	<i>Injection 10 mg (base) in 5 mL</i>	1	..	..	125.87	32.90	^a <i>Mitozantrone Ebewe</i>	IT
							^a <i>Pfizer Australia Pty Ltd</i>	PU

continued ☞

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5965Y	Injection 20 mg (base) in 10 mL	1	..	..	251.74	32.90	^a Hospira Pty Limited	HH
							^a Mitozantrone Ebewe	IT
							^a Onkotrone	BX
							^a Pfizer Australia Pty Ltd	PU
5966B	Injection 25 mg (base) in 12.5 mL	1	..	..	314.48	32.90	^a Onkotrone	BX
							^a Pfizer Australia Pty Ltd	PU
NAB PACLITAXEL								
Authority Required								
<i>Metastatic breast cancer after failure of prior therapy which includes an anthracycline.</i>								
5847R	Powder for I.V. injection 100 mg (base)	1	..	..	401.48	32.90	Abraxane	TS
ONDANSETRON								
Restricted Benefit								
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.</i>								
<i>Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.</i>								
5967C	Tablet 4 mg	4	..	..	27.25	28.30	^a APO-Ondansetron	TX
							^a Ondansetron-RL	RE
							^a Ondaz	SZ
							^a Onsetron 4	SI
				B0.56	27.81	28.30	^a Zofran	GK
5968D	Tablet 8 mg	4	..	..	42.68	32.90	^a APO-Ondansetron	TX
							^a Ondansetron-RL	RE
							^a Ondaz	SZ
							^a Onsetron 8	SI
				B0.57	43.25	32.90	^a Zofran	GK
5969E	Wafer 4 mg	4	..	..	27.25	28.30	^a Ondansetron-RL Zydis	RE
							^a Ondaz Zydis	SZ
				B0.56	27.81	28.30	^a Zofran Zydis	GK
5970F	Wafer 8 mg	4	..	..	42.68	32.90	^a Ondansetron-RL Zydis	RE
							^a Ondaz Zydis	SZ
				B0.57	43.25	32.90	^a Zofran Zydis	GK
5848T	Syrup 4 mg per 5 mL, 50 mL	‡ 1	..	..	68.12	32.90	Zofran syrup 50 mL	GK
5971G	I.V. injection 4 mg in 2 mL	1	..	..	15.36	16.41	^a Ondansetron-RL	RE
							^a Ondaz	SZ
							^a Onsetron	SI
							^a Pfizer Australia Pty Ltd	PF
				B0.56	15.92	16.41	^a Zofran	GK

continued ⇨

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer		
5972H	<i>I.V. injection 8 mg in 4 mL</i>		1	..	24.40	25.45	^a Ondansetron-RL	RE	
							^a Ondaz	SZ	
							^a Onsetron	SI	
							^a Pfizer Australia Pty Ltd	PF	
				B0.55	24.95	25.45	^a Zofran	GK	
OXALIPLATIN									
Authority Required									
<i>Metastatic colorectal cancer in patients with a WHO performance status of 2 or less, to be used in combination with 5-fluorouracil and folinic acid;</i>									
<i>Adjuvant treatment of stage III (Dukes C) colon cancer, in combination with 5-fluorouracil and folinic acid, following complete resection of the primary tumour.</i>									
NOTE:									
<i>Oxaliplatin is not PBS-subsidised for the treatment of patients with stage II (Dukes B) colon cancer.</i>									
<i>Oxaliplatin is not PBS-subsidised for the adjuvant treatment of patients with rectal cancer.</i>									
5877H	<i>Solution concentrate for I.V. infusion 50 mg in 10 mL</i>		1	2	..	315.60	32.90	^a Eloxatin	SW
5994L	<i>Powder for I.V. infusion 50 mg</i>		1	2	..	315.60	32.90	^a Hospira Pty Limited	HH
							^a Oxalatin	ZP	
							^a Oxaliplatin Alphapharm	AF	
							^a Oxaliplatin Actavis	GQ	
							^a Oxaliplatin Ebewe	IT	
NOTE:									
<i>The solution concentrate for I.V. infusion 50 mg and powder for I.V. infusion 50 mg (after reconstitution) are bioequivalent.</i>									
5878J	<i>Solution concentrate for I.V. infusion 100 mg in 20 mL</i>		1	2	..	609.63	32.90	^a Eloxatin	SW
5995M	<i>Powder for I.V. infusion 100 mg</i>		1	2	..	609.63	32.90	^a Hospira Pty Limited	HH
							^a Oxalatin	ZP	
							^a Oxaliplatin Alphapharm	AF	
							^a Oxaliplatin Actavis	GQ	
							^a Oxaliplatin Ebewe	IT	
							^a Winthrop Oxaliplatin	WA	
NOTE:									
<i>The solution concentrate for I.V. infusion 100 mg and powder for I.V. infusion 100 mg (after reconstitution) are bioequivalent.</i>									
5999R	<i>Solution concentrate for I.V. infusion 200 mg in 40 mL</i>		1	2	..	1216.50	32.90	Eloxatin	SW

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PACLITAXEL								
Authority Required								
<i>Adjuvant treatment of node-positive breast cancer administered sequentially to an anthracycline and cyclophosphamide;</i>								
<i>Advanced breast cancer after failure of prior therapy which includes an anthracycline;</i>								
<i>Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound;</i>								
<i>Primary treatment of ovarian cancer in combination with a platinum compound;</i>								
<i>Locally advanced or metastatic non-small cell lung cancer;</i>								
<i>Treatment of HER2 positive early breast cancer in combination with trastuzumab.</i>								
5973J	Solution concentrate for I.V. infusion 30 mg in 5 mL	5	..	..	* 844.55	32.90	^a Anzatax ^a Paclitaxel Actavis ^a Taxol	HH GQ BQ
					844.56	32.90	^a Paclitaxel Ebewe	IT
5974K	Solution concentrate for I.V. infusion 100 mg in 16.7 mL	2	..	..	* 1134.88	32.90	^a Anzatax ^a Paclitaxel Actavis ^a Paclitaxel Ebewe ^a Taxol	HH GQ IT BQ
5975L	Solution concentrate for I.V. infusion 150 mg in 25 mL	2	..	..	* 1686.24	32.90	^a Anzatax ^a Paclitaxel Actavis ^a Paclitaxel Ebewe ^a Taxol	HH GQ IT BQ
5976M	Solution concentrate for I.V. infusion 300 mg in 50 mL	1	..	..	1703.29	32.90	^a Anzatax ^a Paclitaxel Actavis ^a Paclitaxel Ebewe ^a Taxol	HH GQ IT BQ
PEMETREXED DISODIUM								
Authority Required								
<i>Locally advanced or metastatic non-small cell lung cancer, after prior platinum-based chemotherapy.</i>								
<i>Doses greater than 500 mg per metre squared body surface area (BSA) will not be approved for PBS subsidy. The patient's BSA must be provided at the time of the authority approval.</i>								
Authority Required								
<i>Mesothelioma in combination with cisplatin.</i>								
<i>Doses greater than 500 mg per metre squared body surface area (BSA) will not be approved for PBS subsidy. The patient's BSA must be provided at the time of the authority approval.</i>								
NOTE:								
<i>No applications for increased maximum quantities for the 500 mg vial will be authorised.</i>								
5835D	Powder for I.V. infusion 100 mg (base)	1	3	..	311.97	32.90	Alimta	LY
5834C	Powder for I.V. infusion 500 mg (base)	1	3	..	1559.86	32.90	Alimta	LY
RALTITREXED								
Authority Required (STREAMLINED)								
3185								
<i>For use as a single agent in the treatment of advanced colorectal cancer.</i>								
5977N	Powder for I.V. infusion 2 mg	3	2	..	* 760.02	32.90	Tomudex	HH

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
RITUXIMAB								
Authority Required								
<i>Relapsed or refractory low-grade B-cell non-Hodgkin's lymphoma;</i>								
<i>Relapsed or refractory follicular B-cell non-Hodgkin's lymphoma.</i>								
5978P	Solution for I.V. infusion 100 mg in 10 mL	2	3	..	905.43	32.90	Mabthera	RO
5979Q	Solution for I.V. infusion 500 mg in 50 mL	1	3	..	2263.57	32.90	Mabthera	RO
Authority Required								
<i>Treatment of previously untreated, CD20 positive, diffuse large B-cell non-Hodgkin's lymphoma, in combination with chemotherapy;</i>								
<i>Treatment of symptomatic patients with previously untreated, CD20 positive, Stage III or IV, follicular, B-cell non-Hodgkin's lymphoma, in combination with chemotherapy.</i>								
5896H	Solution for I.V. infusion 100 mg in 10 mL	2	7	..	905.43	32.90	Mabthera	RO
5897J	Solution for I.V. infusion 500 mg in 50 mL	1	7	..	2263.57	32.90	Mabthera	RO
THIOTEPA								
5984Y	Powder for injection 15 mg	2	1	..	* 126.20	32.90	Sigma Pharmaceuticals (Australia) Pty Ltd	SI
TOPOTECAN HYDROCHLORIDE								
Authority Required (STREAMLINED)								
3186								
<i>Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound.</i>								
5985B	Powder for I.V. infusion 4 mg (base)	5	1	..	1980.00	32.90	Hycamtin	GK
TROPISETRON HYDROCHLORIDE								
Restricted Benefit								
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.</i>								
<i>Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.</i>								
5986C	Capsule 5 mg (base)	2	..	..	37.02	32.90	Navoban	NV
5987D	I.V. injection 5 mg (base) in 5 mL	1	..	..	18.50	19.55	Navoban	NV
VINBLASTINE SULFATE								
5989F	Solution for I.V. injection 10 mg in 10 mL	5	..	..	84.06	32.90	Hospira Pty Limited	HH
VINCRISTINE SULFATE								
5991H	I.V. injection 1 mg in 1 mL	10	..	..	* 128.36	32.90	^a Hospira Pty Limited ^a Pfizer Australia Pty Ltd	HH PU

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
VINORELBINE TARTRATE							
<u>Authority Required</u>							
<i>Advanced breast cancer after failure of prior therapy which includes an anthracycline;</i>							
<i>Locally advanced or metastatic non-small cell lung cancer.</i>							
5992J	Solution for I.V. infusion 10 mg (base) in 1 mL	16	2	..	* 1039.52	32.90	^a Hospira Pty Limited ^a Navelbine ^a Vinorelbine Ebewe ^a Vinorelbine Link
							HH FB IT LM
5993K	Solution for I.V. infusion 50 mg (base) in 5 mL	4	2	..	* 1087.44	32.90	^a Hospira Pty Limited ^a Navelbine ^a Vinorelbine Ebewe ^a Vinorelbine Link
							HH FB IT LM

Proprietary Index

Proprietary Name	Manufacturer	Name
Abraxane	TS	NAB PACLITAXEL
Adriamycin	PF	DOXORUBICIN HYDROCHLORIDE
Adriamycin Solution	PH	DOXORUBICIN HYDROCHLORIDE
Alimta	LY	PEMETREXED DISODIUM
Anzatax	HH	PACLITAXEL
Anzemet	SW	DOLASETRON MESYLATE
APO-Ondansetron	TX	ONDANSETRON
Avastin	RO	BEVACIZUMAB
Blenamax	SI	BLEOMYCIN SULFATE
Blenoxane	BQ	BLEOMYCIN SULFATE
Caelyx	SH	DOXORUBICIN HYDROCHLORIDE, PEGYLATED
Calcium Folate Ebewe	IT	CALCIUM FOLINATE
Camptosar	PF	IRINOTECAN HYDROCHLORIDE TRIHYDRATE
Camptosar	PU	IRINOTECAN HYDROCHLORIDE TRIHYDRATE
Carboplatin Ebewe	IT	CARBOPLATIN
Cisplatin Ebewe	IT	CISPLATIN
DBL Gemcitabine for Injection	HH	GEMCITABINE HYDROCHLORIDE
Doxorubicin Ebewe	IT	DOXORUBICIN HYDROCHLORIDE
Eloxatin	SW	OXALIPLATIN
Emend	MK	APREPITANT
Endoxan	BX	CYCLOPHOSPHAMIDE
Epirubicin Ebewe	IT	EPIRUBICIN HYDROCHLORIDE
Erbitux	SG	CETUXIMAB
Etopophos	BQ	ETOPOSIDE
Etoposide Ebewe	IT	ETOPOSIDE
Fludara	GZ	FLUDARABINE PHOSPHATE
Fludarabine Actavis	GQ	FLUDARABINE PHOSPHATE
Fludarabine Ebewe	IT	FLUDARABINE PHOSPHATE
Fluorouracil Ebewe	IT	FLUOROURACIL
Gemcitabine Actavis	GQ	GEMCITABINE HYDROCHLORIDE
Gemcitabine Ebewe	IT	GEMCITABINE HYDROCHLORIDE
Gemcite	ZP	GEMCITABINE HYDROCHLORIDE
Gemzar	LY	GEMCITABINE HYDROCHLORIDE
Holoxan	BX	IFOSFAMIDE
Hospira Pty Limited	HH	BLEOMYCIN SULFATE
Hospira Pty Limited	HH	CARBOPLATIN
Hospira Pty Limited	HH	CISPLATIN
Hospira Pty Limited	HH	DOXORUBICIN HYDROCHLORIDE
Hospira Pty Limited	HH	EPIRUBICIN HYDROCHLORIDE
Hospira Pty Limited	HH	ETOPOSIDE
Hospira Pty Limited	HH	FLUOROURACIL
Hospira Pty Limited	HH	IRINOTECAN HYDROCHLORIDE TRIHYDRATE
Hospira Pty Limited	HH	METHOTREXATE
Hospira Pty Limited	HH	MITOZANTRONE HYDROCHLORIDE
Hospira Pty Limited	HH	OXALIPLATIN
Hospira Pty Limited	HH	VINBLASTINE SULFATE
Hospira Pty Limited	HH	VINCRIStINE SULFATE
Hospira Pty Limited	HH	VINORELBINE TARTRATE
Hycamtin	GK	TOPOTECAN HYDROCHLORIDE
ImmuCyst	SW	BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/Connaught Strain)
Intron A Redipen	SH	INTERFERON ALFA-2B
Irinotecan Actavis	GQ	IRINOTECAN HYDROCHLORIDE TRIHYDRATE
Irinotecan Sandoz	SZ	IRINOTECAN HYDROCHLORIDE TRIHYDRATE
Kytril	HH	GRANISETRON HYDROCHLORIDE
Leucovorin Calcium	HH	CALCIUM FOLINATE
Leucovorin Calcium	PF	CALCIUM FOLINATE
Leustatin	JC	CLADRIBINE
Litak	OA	CLADRIBINE
Mabthera	RO	RITUXIMAB
Methotrexate Ebewe	IT	METHOTREXATE
Mitozantrone Ebewe	IT	MITOZANTRONE HYDROCHLORIDE
Muphoran	SE	FOTEMUSTINE
Navelbine	FB	VINORELBINE TARTRATE
Navoban	NV	TROPISETRON HYDROCHLORIDE
Omegapharm Irinotecan	OE	IRINOTECAN HYDROCHLORIDE TRIHYDRATE
OncoTICE	SH	BCG-TICE (Bacillus Calmette-Guérin/Tice Strain)

Proprietary Name	Manufacturer	Name
Ondansetron-RL	RE	ONDANSETRON
Ondansetron-RL Zydys	RE	ONDANSETRON
Ondaz	SZ	ONDANSETRON
Ondaz Zydys	SZ	ONDANSETRON
Onkotrone	BX	MITOZANTRONE HYDROCHLORIDE
Onsetron	SI	ONDANSETRON
Onsetron 4	SI	ONDANSETRON
Onsetron 8	SI	ONDANSETRON
Oxalatin	ZP	OXALIPLATIN
Oxaliplatin Actavis	GQ	OXALIPLATIN
Oxaliplatin Alphapharm	AF	OXALIPLATIN
Oxaliplatin Ebewe	IT	OXALIPLATIN
Paclitaxel Actavis	GQ	PACLITAXEL
Paclitaxel Ebewe	IT	PACLITAXEL
Pharmorubicin Solution	PH	EPIDUBICIN HYDROCHLORIDE
Phenaseen	PL	ARSENIC TRIOXIDE
Pfizer Australia Pty Ltd	PF	ONDANSETRON
Pfizer Australia Pty Ltd	PU	CARBOPLATIN
Pfizer Australia Pty Ltd	PU	CISPLATIN
Pfizer Australia Pty Ltd	PU	CYTARABINE
Pfizer Australia Pty Ltd	PU	METHOTREXATE
Pfizer Australia Pty Ltd	PU	MITOZANTRONE HYDROCHLORIDE
Pfizer Australia Pty Ltd	PU	VINCRIKINE SULFATE
Roferon-A	RO	INTERFERON ALFA-2A
Sigma Pharmaceuticals (Australia) Pty Ltd	SI	THIOTEPA
Taxol	BQ	PACLITAXEL
Taxotere	SW	DOCETAXEL
Tomudex	HH	RALTITREXED
Uromitexan	BX	MESNA
Vinorelbine Ebewe	IT	VINORELBINE TARTRATE
Vinorelbine Link	LM	VINORELBINE TARTRATE
Winthrop Oxaliplatin	WA	OXALIPLATIN
Zavedos Solution	PH	IDARUBICIN HYDROCHLORIDE
Zofran	GK	ONDANSETRON
Zofran syrup 50 mL	GK	ONDANSETRON
Zofran Zydys	GK	ONDANSETRON