National Health (Listing of Pharmaceutical Benefits) Instrument 2024

PB 26 of 2024

made under sections 84AF, 84AK, 85, 85A and 88 of the

National Health Act 1953

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This compilation is in 10 volumes

Volume 1: sections 1-24 and Schedule 1 (Part 1: A-C)
Volume 2: Schedule 1 (Part 1: D-I)
Volume 3: Schedule 1 (Part 1: L-P)
Volume 4: Schedule 1 (Part 1: Q-Z, Part 2), Schedules 2 and 3
Volume 5: Schedule 4 (Part 1: C4076-C9993)
Volume 6: Schedule 4 (Part 1: C10020-C12999)
Volume 7: Schedule 4 (Part 1: C13006-C14567)
Volume 8: Schedule 4 (Part 1: C14568-C16349)
Volume 9: Schedule 4 (Part 1: C16350-C17582, Part 2)
Volume 10: Schedules 5, 6 and Endnotes

Each volume has its own contents

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About this compilation

This compilation

This is a compilation of the *National Health (Listing of Pharmaceutical Benefits) Instrument 2024* that shows the text of the law as amended and in force on 1 November 2025 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au).

Application, saving and transitional provisions

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Presentational changes

The *Legislation Act 2003* provides for First Parliamentary Counsel to make presentational changes to a compilation. Presentational changes are applied to give a more consistent look and feel to legislation published on the Register, and enable the user to more easily navigate those documents.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. Any modifications affecting the law are accessible on the Register.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Contents

Schedule 4—Circumstances, purposes, conditions and variations

Note: See sections 13, 15, 16, 19 and 23.

Part 1—Circumstances, purposes and conditions

1 Circumstances, purposes and conditions

The following table sets out:

(a) circumstances for circumstances codes, for the purposes of section 13 and 23; and

(b) purposes for purposes codes, for the purposes of sections 15 and 16; and

(c) for the purposes of section 19, information relating to how authorisation is obtained when the circumstances or conditions for writing a prescription include an authorisation requirement.

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C4076	P4076	CN4076	Atenolol	For a patient who is unable to take a solid dose form of atenolol.	
C4077	P4077	CN4077	Granisetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.	
C4092	P4092	CN4092	Granisetron	Nausea and vomiting The condition must be associated with radiotherapy being used to treat malignancy.	Compliance with Authority Required procedures - Streamlined Authority Code 4092

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C4098	P4098	CN4098	Apixaban Rivaroxaban	Deep vein thrombosis Initial treatment Patient must have confirmed acute symptomatic deep vein thrombosis; AND Patient must not have symptomatic pulmonary embolism.	Compliance with Authority Required procedures - Streamlined Authority Code 4098
C4099	P4099	CN4099	Apixaban Rivaroxaban	Deep vein thrombosis Continuing treatment Patient must have confirmed acute symptomatic deep vein thrombosis; AND Patient must not have symptomatic pulmonary embolism.	Compliance with Authority Required procedures - Streamlined Authority Code 4099
C4118	P4118	CN4118	Granisetron Ondansetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.	
C4124	P4124	CN4124	Naproxen	Bone pain The condition must be due to malignant disease; AND Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.	Compliance with Authority Required procedures - Streamlined Authority Code 4124
C4132	P4132	CN4132	Apixaban Rivaroxaban	Prevention of recurrent venous thromboembolism Continuing treatment Patient must have a history of venous thromboembolism.	Compliance with Authority Required procedures - Streamlined Authority Code 4132
C4139	P4139	CN4139	Granisetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.	
C4159	P4159	CN4159	Naproxen	Chronic arthropathies (including osteoarthritis)	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The condition must have an inflammatory component; AND Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.	procedures - Streamlined Authority Code 4159
C4171	P4171	CN4171	Macrogol 3350	Constipation Patient must have malignant neoplasia.	
C4172	P4172	CN4172	Pregabalin	Neuropathic pain The condition must be refractory to treatment with other drugs.	Compliance with Authority Required procedures - Streamlined Authority Code 4172
C4173	P4173	CN4173	Macrogol 3350	Chronic constipation The condition must be inadequately controlled with first line interventions such as bulk-forming agents.	
C4177	P4177	CN4177	Macrogol 3350	Faecal impaction The condition must be inadequately controlled with first line interventions such as bulk-forming agents.	
C4179	P4179	CN4179	Macrogol 3350	Constipation Patient must be receiving palliative care.	
C4180	P4180	CN4180	Macrogol 3350	Constipation Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function; AND The condition must be unresponsive to other oral therapies.	
C4181	P4181	CN4181	Ciprofloxacin Ofloxacin	Bacterial keratitis Must be treated by an ophthalmologist or in consultation with an ophthalmologist.	Compliance with Authority Required procedures
C4195	P4195	CN4195	Ciprofloxacin Ofloxacin	Bacterial keratitis Must be treated by an ophthalmologist or in consultation with an ophthalmologist.	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C4211	P4211	CN4211	Aprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone; AND Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.	Compliance with Authority Required procedures - Streamlined Authority Code 4211
C4215	P4215	CN4215	Aprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone; AND Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.	Compliance with Authority Required procedures - Streamlined Authority Code 4215
C4216	P4216	CN4216	Aprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone; AND Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.	Compliance with Authority Required procedures - Streamlined Authority Code 4216

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C4223	P4223	CN4223	Aprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone; AND Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.	Compliance with Authority Required procedures - Streamlined Authority Code 4223
C4229	P4229	CN4229	Imiquimod	Superficial basal cell carcinoma The condition must be previously untreated; AND The condition must be confirmed by biopsy; AND Patient must have normal immune function; AND The condition must not be suitable for treatment with surgical excision; or The condition must not be suitable for treatment with cryotherapy; or The condition must not be suitable for treatment with curettage with diathermy; AND Patient must require topical drug therapy. The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.	Compliance with Authority Required procedures
C4242	P4242	CN4242	Vinorelbine	Locally advanced or metastatic non-small cell lung cancer	Compliance with Authority Required procedures
C4243	P4243	CN4243	Cefalexin Trimethoprim	Prophylaxis of urinary tract infection	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Streamlined Authority Code 4243
C4244	P4244	CN4244	Diazepam	Chronic spasticity Patient must be under 18 years of age.	Compliance with Authority Required procedures
C4246	P4246	CN4246	Amisulpride Aripiprazole Asenapine Brexpiprazole Cariprazine Lurasidone Olanzapine Paliperidone Quetiapine Risperidone Ziprasidone	Schizophrenia	Compliance with Authority Required procedures - Streamlined Authority Code 4246
C4253	P4253	CN4253	High fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate	Ketogenic diet Patient must have intractable seizures requiring treatment with a ketogenic diet. or Patient must have a glucose transport protein defect. or Patient must have pyruvate dehydrogenase deficiency. KetoCal 3 1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.	
C4268	P4268	CN4268	Apixaban	Pulmonary embolism	Compliance with

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Rivaroxaban	Continuing treatment Patient must have confirmed acute symptomatic pulmonary embolism.	Authority Required procedures - Streamlined Authority Code 4268
C4269	P4269	CN4269	Apixaban Dabigatran etexilate Rivaroxaban	Prevention of stroke or systemic embolism Patient must have non-valvular atrial fibrillation; AND Patient must have one or more risk factors for developing stroke or systemic embolism. Risk factors for developing stroke or systemic ischaemic embolism are (i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism; (ii) age 75 years or older; (iii) hypertension; (iv) diabetes mellitus; (v) heart failure and/or left ventricular ejection fraction 35% or less.	Compliance with Authority Required procedures - Streamlined Authority Code 4269
C4272	P4272	CN4272	Vinorelbine	Advanced breast cancer Patient must have failed standard prior therapy, which includes an anthracycline.	Compliance with Authority Required procedures
C4289	P4289	CN4289	High fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate	Ketogenic diet Patient must have intractable seizures requiring treatment with a ketogenic diet. or Patient must have a glucose transport protein defect. or Patient must have pyruvate dehydrogenase deficiency. KetoCal 4 1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.	
C4295	P4295	CN4295	Amino acid formula with carbohydrate without phenylalanine Amino acid formula with carbohydrate, vitamins, minerals and trace elements	Phenylketonuria	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			without phenylalanine Amino acid formula with vitamins and minerals without phenylalanine Amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid Amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine Amino acid formula without phenylalanine Glycomacropeptide and essential amino acids with vitamins and minerals Glycomacropeptide formula with amino acids and low phenylalanine Glycomacropeptide formula with amino acids, vitamins, minerals, trace elements, carbohydrate, fat and low phenylalanine Glycomacropeptide formula with long chain polyunsaturated fatty acids and docosahexaenoic acid and low in phenylalanine Tyrosine with carbohydrate		
C4302	P4302	CN4302	Iron polymaltose complex	Iron deficiency anaemia Patient must be undergoing chronic haemodialysis.	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Iron sucrose		procedures - Streamlined Authority Code 4302
C4305	P4305	CN4305	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae Initial treatment for up to 6 months Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist; AND The condition must not be isolated infant colic or reflux; Patient must be older than 24 months of age. The name of the specialist and the date of birth of the patient must be included in the authority application.	Compliance with Authority Required procedures
C4306	P4306	CN4306	Rifaximin	Prevention of hepatic encephalopathy Must be treated by a gastroenterologist or hepatologist or in consultation with a gastroenterologist or hepatologist; AND The treatment must be in combination with lactulose, if lactulose is tolerated; AND Patient must have had prior episodes of hepatic encephalopathy.	Compliance with Authority Required procedures
C4311	P4311	CN4311	Amlodipine with valsartan and hydrochlorothiazide Olmesartan with amlodipine and hydrochlorothiazide	Hypertension The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with concomitant treatment with two of the following:	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.	
C4312	P4312	CN4312	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein Initial treatment for up to 6 months Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist; AND Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides); Patient must be up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application.	Compliance with Authority Required procedures
C4313	P4313	CN4313	Darunavir	Human immunodeficiency virus (HIV) infection The treatment must be in addition to optimised background therapy; AND The treatment must be in combination with other antiretroviral agents; AND The treatment must be co-administered with 100 mg ritonavir; AND Patient must have experienced virological failure or clinical failure or genotypic resistance after at least one antiretroviral regimen; AND Patient must not have demonstrated darunavir resistance associated mutations detected on resistance testing. Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.	Compliance with Authority Required procedures - Streamlined Authority Code 4313

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C4319	P4319	CN4319	Ivermectin	Onchocerciasis	Compliance with Authority Required procedures - Streamlined Authority Code 4319
C4323	P4323	CN4323	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Cows' milk protein enteropathy Initial treatment for up to 6 months Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist; AND The condition must not be isolated infant colic or reflux; AND Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula; Patient must be up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application.	Compliance with Authority Required procedures
C4328	P4328	CN4328	Ivermectin	Strongyloidiasis	Compliance with Authority Required procedures - Streamlined Authority Code 4328
C4330	P4330	CN4330	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat,	Cows' milk anaphylaxis Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist; Patient must be up to the age of 24 months.	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction. The name of the specialist and the date of birth of the patient must be included in the authority application.	
C4337	P4337	CN4337	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Cows' milk protein enteropathy Continuing treatment Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists; AND The condition must not be isolated infant colic or reflux; AND Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula; Patient must be up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application.	Compliance with Authority Required procedures
C4338	P4338	CN4338	Amino acid formula supplemented with prebiotics, probiotics and long chain	Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Continuing treatment Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months; AND The condition must not be isolated infant colic or reflux; Patient must be older than 24 months of age. The name of the specialist and the date of birth of the patient must be included in the authority application.	procedures
C4339	P4339	CN4339	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein Continuing treatment Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist; AND Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment; Patient must be up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application.	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C4343	P4343	CN4343	Bimatoprost with timolol Brimonidine with timolol Brinzolamide with brimonidine Brinzolamide with timolol Dorzolamide with timolol Latanoprost with timolol Travoprost with timolol	Elevated intra-ocular pressure The condition must have been inadequately controlled with monotherapy; AND Patient must have open-angle glaucoma. or Patient must have ocular hypertension.	
C4345	P4345	CN4345	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Severe cows' milk protein enteropathy with failure to thrive Continuing treatment Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists; AND The condition must not be isolated infant colic or reflux; AND Patient must have had failure to thrive prior to commencement with initial treatment; Patient must be up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application.	Compliance with Authority Required procedures
C4351	P4351	CN4351	Everolimus	Tuberous sclerosis complex (TSC) Initial treatment The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; or	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The condition must be visceral tumours associated with TSC; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must not be a candidate for curative surgical resection.	
C4352	P4352	CN4352	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Severe cows' milk protein enteropathy with failure to thrive Initial treatment for up to 6 months Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist; AND The condition must not be isolated infant colic or reflux; Patient must be up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application.	Compliance with Authority Required procedures
C4359	P4359	CN4359	Apixaban	Prevention of venous thromboembolism Patient must be undergoing total hip replacement; AND Patient must require up to 10 days supply to complete a course of treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 4359
C4361	P4361	CN4361	Valsartan with hydrochlorothiazide	Hypertension The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist. or	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The condition must be inadequately controlled with a thiazide diuretic.	
C4368	P4368	CN4368	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Eosinophilic oesophagitis Initial treatment for up to 3 months Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist; AND Patient must require an amino acid based formula as a component of a dietary elimination program; Patient must be 18 years of age or less. Treatment with oral steroids should not be commenced during the period of initial treatment. Eosinophilic oesophagitis is demonstrated by the following criteria (i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and (ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and (iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The date of birth of the patient must be included in the authority application.	Compliance with Authority Required procedures
C4369	P4369	CN4369	Dabigatran etexilate	Prevention of venous thromboembolism Patient must be undergoing total hip replacement; AND Patient must require up to 20 days supply to complete a course of treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 4369
C4373	P4373	CN4373	Amlodipine with valsartan Olmesartan with amlodipine Telmisartan with amlodipine	Hypertension The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				antagonist. or The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.	
C4374	P4374	CN4374	Candesartan with hydrochlorothiazide Eprosartan with hydrochlorothiazide Irbesartan with hydrochlorothiazide Olmesartan with hydrochlorothiazide Telmisartan with hydrochlorothiazide Valsartan with hydrochlorothiazide	Hypertension The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist. or The condition must be inadequately controlled with a thiazide diuretic.	
C4375	P4375	CN4375	Perindopril with indapamide	Hypertension The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor. or The condition must be inadequately controlled with a thiazide-like diuretic.	
C4380	P4380	CN4380	Budesonide with formoterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; or Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; or Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy; Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 4380
C4381	P4381	CN4381	Apixaban	Prevention of venous thromboembolism Patient must be undergoing total knee replacement; AND	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Dabigatran etexilate	Patient must require up to 10 days of therapy.	Streamlined Authority Code 4381
C4382	P4382	CN4382	Apixaban Rivaroxaban	Prevention of venous thromboembolism Patient must be undergoing total knee replacement; AND Patient must require up to 15 days of therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 4382
C4389	P4389	CN4389	Enalapril with hydrochlorothiazide	Hypertension The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor. or The condition must be inadequately controlled with a thiazide diuretic.	
C4390	P4390	CN4390	Trandolapril with verapamil	Hypertension The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor. or The condition must be inadequately controlled with verapamil.	
C4395	P4395	CN4395	Fluticasone propionate with formoterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 4395
C4397	P4397	CN4397	Budesonide with formoterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; or Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; or	Compliance with Authority Required procedures - Streamlined Authority Code 4397

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist; Patient must be aged 12 years or over.	
C4398	P4398	CN4398	Lercanidipine with enalapril Perindopril with amlodipine Ramipril with felodipine	Hypertension The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor. or The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.	
C4402	P4402	CN4402	Apixaban Dabigatran etexilate Rivaroxaban	Prevention of venous thromboembolism Patient must be undergoing total hip replacement; AND Patient must require up to 30 days supply to complete a course of treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 4402
C4404	P4404	CN4404	Budesonide with formoterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 4404
C4409	P4409	CN4409	Apixaban	Prevention of venous thromboembolism Patient must be undergoing total hip replacement; AND Patient must require up to 15 days supply to complete a course of treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 4409
C4414	P4414	CN4414	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain	Eosinophilic oesophagitis Continuing treatment Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist; AND Patient must have responded to an initial course of PBS-subsidised	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	treatment; Patient must be 18 years of age or less. Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.	
C4415	P4415	CN4415	Amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides Amino acids-synthetic, formula	Severe intestinal malabsorption including short bowel syndrome Patient must have failed to respond to protein hydrolysate formulae. or Patient must have been receiving parenteral nutrition.	Compliance with Authority Required procedures
C4418	P4418	CN4418	Perindopril with amlodipine	Stable coronary heart disease The treatment must not be for the initiation of therapy for coronary heart disease; AND The condition must be stabilised by treatment with perindopril and amlodipine at the same doses.	
C4433	P4433	CN4433	Pamidronic acid	Hypercalcaemia of malignancy	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have a malignancy refractory to anti-neoplastic therapy.	procedures - Streamlined Authority Code 4433
C4438	P4438	CN4438	Carbohydrate, fat, vitamins, minerals and trace elements Carbohydrate, fat, vitamins, minerals and trace elements and supplemented with arachidonic acid and docosahexaenoic acid Triglycerides, long chain with glucose polymer Triglycerides, medium chain and long chain with glucose polymer	Proven inborn errors of protein metabolism Patient must be unable to meet their energy requirements with permitted food and formulae.	
C4454	P4454	CN4454	Abacavir Atazanavir Atazanavir with cobicistat Dolutegravir Emtricitabine with tenofovir alafenamide Lamivudine Lamivudine with zidovudine Lopinavir with ritonavir Nevirapine Raltegravir Rilpivirine	HIV infection Continuing Patient must have previously received PBS-subsidised therapy for HIV infection; AND The treatment must be in combination with other antiretroviral agents.	Compliance with Authority Required procedures - Streamlined Authority Code 4454

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Ritonavir Zidovudine		
C4470	P4470	CN4470	Bictegravir with emtricitabine with tenofovir alafenamide Emtricitabine with rilpivirine with tenofovir alafenamide Tenofovir alafenamide with emtricitabine, elvitegravir and cobicistat Tenofovir with emtricitabine and efavirenz	HIV infection Continuing Patient must have previously received PBS-subsidised therapy for HIV infection.	Compliance with Authority Required procedures - Streamlined Authority Code 4470
C4475	P4475	CN4475	Doxycycline	Chronic bronchitis Patient must be aged 8 years or older.	
C4485	P4485	CN4485	Doxycycline	Urethritis	
C4512	P4512	CN4512	Abacavir Atazanavir Atazanavir with cobicistat Dolutegravir Emtricitabine with tenofovir alafenamide Lamivudine Lamivudine with zidovudine Lopinavir with ritonavir Nevirapine	HIV infection Initial Patient must be antiretroviral treatment naive; AND The treatment must be in combination with other antiretroviral agents.	Compliance with Authority Required procedures - Streamlined Authority Code 4512

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Raltegravir Rilpivirine Ritonavir Zidovudine		
C4514	P4514	CN4514	Doxycycline	Pelvic inflammatory disease	
C4516	P4516	CN4516	Aclidinium Glycopyrronium Umeclidinium	Chronic obstructive pulmonary disease (COPD)	
C4522	P4522	CN4522	Bictegravir with emtricitabine with tenofovir alafenamide Emtricitabine with rilpivirine with tenofovir alafenamide Tenofovir alafenamide with emtricitabine, elvitegravir and cobicistat Tenofovir with emtricitabine and efavirenz	HIV infection Initial Patient must be antiretroviral treatment naive.	Compliance with Authority Required procedures - Streamlined Authority Code 4522
C4527	P4527	CN4527	Abacavir with lamivudine	HIV infection Initial Patient must be antiretroviral treatment naive; AND The treatment must be in combination with other antiretroviral agents; Patient must be aged 12 years or older; Patient must weigh 40 kg or more.	Compliance with Authority Required procedures - Streamlined Authority Code 4527
C4528	P4528	CN4528	Abacavir with lamivudine	HIV infection Continuing	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have previously received PBS-subsidised therapy for HIV infection; AND The treatment must be in combination with other antiretroviral agents; Patient must be aged 12 years or older; Patient must weigh 40 kg or more.	Streamlined Authority Code 4528
C4529	P4529	CN4529	Doxycycline	Severe acne	
C4539	P4539	CN4539	Doxycycline	Bronchiectasis Patient must be aged 8 years or older.	
C4549	P4549	CN4549	Plerixafor	Mobilisation of haematopoietic stem cells The treatment must be in combination with granulocyte-colony stimulating factor (G-CSF); AND Patient must have lymphoma; or Patient must have multiple myeloma; AND Patient must require autologous stem cell transplantation; AND Patient must have failed previous stem cell collection. or Patient must be undergoing chemotherapy plus G-CSF mobilisation and their peripheral blood CD34+ count is less than 10,000 per millilitre or less than 10 million per litre on the day of planned collection. or Patient must be undergoing chemotherapy plus G-CSF mobilisation and the first apheresis has yielded less than 1 million CD34+ cells/kg. Evidence that the patient meets the PBS restriction criteria must be recorded in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 4549
C4555	P4555	CN4555	Arginine with carbohydrate	Urea cycle disorders	
C4562	P4562	CN4562	Naratriptan	Migraine attack The condition must have usually failed to respond to analgesics in the past.	Compliance with Authority Required procedures
C4565	P4565	CN4565	Ivermectin	Crusted (Norwegian) scabies The condition must be established by clinical and/or parasitological	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				examination; AND Patient must be undergoing topical therapy for this condition; or Patient must have a contraindication to topical treatment; Patient must weigh 15 kg or over; Patient must be 5 years of age or older.	procedures - Streamlined Authority Code 4565
C4566	P4566	CN4566	Ivermectin	Human sarcoptic scabies The condition must be established by clinical and/or parasitological examination; AND Patient must have completed and failed sequential treatment with topical permethrin and benzyl benzoate and finished the most recent course of topical therapy at least 4 weeks prior to initiating oral therapy; or Patient must have a contraindication to topical treatment; Patient must weigh 15 kg or over; Patient must be 5 years of age or older.	Compliance with Authority Required procedures - Streamlined Authority Code 4566
C4575	P4575	CN4575	Lanreotide	Functional carcinoid tumour The condition must be causing intractable symptoms; AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents; AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 4575
C4576	P4576	CN4576	Macrogol 3350	Constipation Patient must have malignant neoplasia.	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C4577	P4577	CN4577	Macrogol 3350	Constipation Patient must be receiving palliative care.	
C4580	P4580	CN4580	Macrogol 3350	Constipation Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function; AND The condition must be unresponsive to other oral therapies.	
C4586	P4586	CN4586	Calcium	Hyperphosphataemia The condition must be associated with chronic renal failure.	Compliance with Authority Required procedures - Streamlined Authority Code 4586
C4596	P4596	CN4596	Macrogol 3350	Chronic constipation The condition must be inadequately controlled with first line interventions such as bulk-forming agents.	
C4599	P4599	CN4599	Betaine	Homocystinuria The treatment must be as adjunctive therapy to current standard care; AND The condition must be treated by or in consultation with a metabolic physician. The name of the specialist must be included in the authority application.	Compliance with Authority Required procedures
C4600	P4600	CN4600	Erlotinib	Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC) Continuing treatment The treatment must be as monotherapy; AND Patient must have previously been issued with an authority prescription for this drug prior to 1 August 2014; AND Patient must not have progressive disease; Patient must have a wild type epidermal growth factor receptor (EGFR) gene. or Patient must have an epidermal growth factor receptor (EGFR) gene of	Compliance with Authority Required procedures - Streamlined Authority Code 4600

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				unknown type.	
C4601	P4601	CN4601	Macrogol 3350	Faecal impaction The condition must be inadequately controlled with first line interventions such as bulk-forming agents.	
C4649	P4649	CN4649	Eribulin	Locally advanced or metastatic breast cancer Patient must have progressive disease; AND Patient must have failed at least two prior chemotherapeutic regimens for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 4649
C4651	P4651	CN4651	Triglycerides - medium chain, formula	Hyperlipoproteinaemia type 1	
C4652	P4652	CN4652	Triglycerides - medium chain, formula	Chylous ascites	
C4653	P4653	CN4653	Triglycerides - medium chain, formula	Chylothorax	
C4657	P4657	CN4657	Paclitaxel, nanoparticle albumin-bound	Stage IV (metastatic) adenocarcinoma of the pancreas The treatment must be in combination with gemcitabine; AND The condition must not have been treated previously with PBS-subsidised therapy; AND Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less. A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.	Compliance with Authority Required procedures - Streamlined Authority Code 4657
C4659	P4659	CN4659	Triglycerides - medium chain, formula	Long chain fatty acid oxidation disorders	
C4660	P4660	CN4660	Triglycerides - medium chain, formula	Dietary management of conditions requiring a source of medium chain triglycerides Patient must have fat malabsorption due to liver disease. or Patient must have fat malabsorption due to short gut syndrome. or Patient must have fat malabsorption due to cystic fibrosis. or	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have fat malabsorption due to gastrointestinal disorders.	
C4680	P4680	CN4680	Escitalopram	Major depressive disorders	
C4681	P4681	CN4681	Escitalopram	Moderate to severe social anxiety disorder (social phobia, SAD) The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must have been assessed by a psychiatrist.	
C4690	P4690	CN4690	Escitalopram	Moderate to severe social anxiety disorder (social phobia, SAD) The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must have been assessed by a psychiatrist.	
C4703	P4703	CN4703	Escitalopram	Moderate to severe generalised anxiety disorder (GAD) The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.	
C4704	P4704	CN4704	Glycine with carbohydrate	Isovaleric acidaemia	
C4707	P4707	CN4707	Escitalopram	Moderate to severe generalised anxiety disorder (GAD) The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must have been assessed by a psychiatrist.	
C4709	P4709	CN4709	High fat formula with vitamins, minerals and trace elements and low in protein	Ketogenic diet Patient must have intractable seizures requiring treatment with a ketogenic diet. or	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			and carbohydrate	Patient must have a glucose transport protein defect. or Patient must have pyruvate dehydrogenase deficiency. KetoCal 4 1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.	
C4711	P4711	CN4711	Fluticasone furoate with vilanterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 4711
C4721	P4721	CN4721	Escitalopram	Moderate to severe social anxiety disorder (social phobia, SAD) The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.	
C4731	P4731	CN4731	Fluticasone furoate with vilanterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 4731
C4747	P4747	CN4747	Escitalopram	Moderate to severe generalised anxiety disorder (GAD) The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.	
C4755	P4755	CN4755	Citalopram	Major depressive disorders	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline		
C4756	P4756	CN4756	Escitalopram	Moderate to severe generalised anxiety disorder (GAD) The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must have been assessed by a psychiatrist.	
C4757	P4757	CN4757	Escitalopram	Moderate to severe social anxiety disorder (social phobia, SAD) The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.	
C4785	P4785	CN4785	Cetuximab	Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx Initial treatment The treatment must be in combination with radiotherapy; AND Patient must be unable to tolerate cisplatin.	Compliance with Authority Required procedures - Streamlined Authority Code 4785
C4788	P4788	CN4788	Cetuximab	Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx Continuing treatment The treatment must be in combination with radiotherapy; AND Patient must be unable to tolerate cisplatin. or	Compliance with Authority Required procedures - Streamlined Authority Code 4788

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have a contraindication to cisplatin according to the TGA-approved Product Information.	
C4793	P4793	CN4793	Arsenic	Acute promyelocytic leukaemia Induction and consolidation treatment The condition must be characterised by the presence of the t(15: 17) translocation or PML/RAR-alpha fusion gene transcript; AND The condition must be relapsed; AND Patient must be arsenic naive at induction.	Compliance with Authority Required procedures - Streamlined Authority Code 4793
C4794	P4794	CN4794	Cetuximab	Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx Initial treatment The treatment must be for the week prior to radiotherapy; AND Patient must have a contraindication to cisplatin according to the TGA-approved Product Information.	Compliance with Authority Required procedures - Streamlined Authority Code 4794
C4796	P4796	CN4796	Exemestane	Metastatic (Stage IV) breast cancer The condition must be hormone receptor positive; AND The condition must be human epidermal growth factor receptor 2 (HER2) negative; AND Patient must be receiving PBS-subsidised everolimus concomitantly for this condition; Patient must not be pre-menopausal.	
C4812	P4812	CN4812	Everolimus	Metastatic (Stage IV) breast cancer The condition must be hormone receptor positive; AND The condition must be human epidermal growth factor receptor 2 (HER2) negative; AND The condition must have acquired endocrine resistance as demonstrated by initial response and then recurrence or progression of disease after treatment with letrozole or anastrozole; AND The treatment must be in combination with exemestane;	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must not be pre-menopausal.	
C4837	P4837	CN4837	Everolimus	Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET) Continuing treatment Patient must have previously been issued with an authority prescription for this drug; AND Patient must not have disease progression; AND The treatment must be as monotherapy. Patients who have progressive disease with this drug are no longer eligible for PBS-subsidised treatment with this drug.	Compliance with Authority Required procedures
C4861	P4861	CN4861	Everolimus	Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET) Initial treatment Patient must be symptomatic (despite somatostatin analogues); or Patient must have disease progression; AND The treatment must be as monotherapy. Disease progression must be documented in the patient's medical records. Patients who have developed progressive disease on sunitinib are not eligible to receive PBS-subsidised everolimus. Patients who have developed intolerance to sunitinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus.	Compliance with Authority Required procedures
C4862	P4862	CN4862	Sunitinib	Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET) Initial treatment Patient must be symptomatic (despite somatostatin analogues); or Patient must have disease progression; AND The treatment must be as monotherapy. Disease progression must be documented in the patient's medical records. Patients who have developed progressive disease on everolimus are not	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				eligible to receive PBS-subsidised sunitinib for this condition. Patients who have developed intolerance to everolimus of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib.	
C4890	P4890	CN4890	Goserelin	Carcinoma of the prostate The condition must be locally advanced (stage C). or The condition must be metastatic (stage D).	
C4892	P4892	CN4892	Goserelin	Endometriosis The condition must be visually proven; AND The treatment must be for the short-term (up to 6 months).	
C4895	P4895	CN4895	Goserelin and bicalutamide Leuprorelin and bicalutamide	Carcinoma of the prostate The condition must be metastatic (stage D); AND Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.	
C4897	P4897	CN4897	Temozolomide	Glioblastoma multiforme Patient must be undergoing concomitant radiotherapy.	
C4898	P4898	CN4898	Adapalene with benzoyl peroxide	Severe acne vulgaris The treatment must be maintenance therapy.	
C4899	P4899	CN4899	Hydrocortisone	Corticosteroid-responsive dermatoses	
C4902	P4902	CN4902	Methadone	Chronic severe disabling pain Initial treatment, for up to 3 months Patient must be receiving palliative care; AND The condition must be unresponsive to non-opioid analgesics.	Compliance with Authority Required procedures
C4907	P4907	CN4907	Celecoxib Meloxicam	Rheumatoid arthritis The treatment must be for symptomatic treatment.	
C4908	P4908	CN4908	Cetuximab	Metastatic colorectal cancer	Compliance with

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Initial treatment Patient must have RAS wild-type metastatic colorectal cancer; AND Patient must have a WHO performance status of 0 or 1; AND The condition must be previously untreated; AND The treatment must be in combination with first-line chemotherapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.	Authority Required procedures - Streamlined Authority Code 4908
C4909	P4909	CN4909	Adrenaline (epinephrine)	Acute allergic reaction with anaphylaxis Initial sole PBS-subsidised supply for anticipated emergency treatment Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist. or Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist. or Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician. or Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician. The name of the specialist consulted must be provided at the time of application for initial supply.	Compliance with Authority Required procedures
C4910	P4910	CN4910	Enoxaparin	Haemodialysis	
C4912	P4912	CN4912	Cetuximab	Metastatic colorectal cancer Continuing treatment Patient must have received an initial authority prescription for this drug for first-line treatment of RAS wild-type metastatic colorectal cancer; AND Patient must not have progressive disease; AND The treatment must be in combination with first-line chemotherapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 4912
C4919	P4919	CN4919	Bivalirudin	Coronary artery disease	Compliance with

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must be undergoing percutaneous coronary intervention.	Authority Required procedures - Streamlined Authority Code 4919
C4923	P4923	CN4923	Amino acid formula with vitamins and minerals without phenylalanine and tyrosine	Tyrosinaemia	
C4924	P4924	CN4924	Betamethasone Triamcinolone	Corticosteroid-responsive dermatoses	
C4925	P4925	CN4925	Essential amino acids formula Essential amino acids formula with minerals and vitamin c Essential amino acids formula with vitamins and minerals	Gyrate atrophy of the choroid and retina	
C4930	P4930	CN4930	Fluticasone propionate with salmeterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; Patient must be aged 4 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 4930
C4934	P4934	CN4934	Hydrocortisone	Corticosteroid-responsive dermatoses	
C4937	P4937	CN4937	Eplerenone	Heart failure with a left ventricular ejection fraction of 40% or less The condition must occur within 3 to 14 days following an acute myocardial infarction; AND The treatment must be commenced within 14 days of an acute myocardial infarction. The date of the acute myocardial infarction and the date of initiation of treatment with this drug must be documented in the patient's medical	Compliance with Authority Required procedures - Streamlined Authority Code 4937

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				records when PBS-subsidised treatment is initiated	
C4941	P4941	CN4941	Methadone	Chronic severe disabling pain Continuing treatment Patient must be receiving palliative care; AND The condition must be unresponsive to non-opioid analgesics.	Compliance with Authority Required procedures
C4944	P4944	CN4944	Moxonidine	Hypertension Patient must be receiving concurrent antihypertensive therapy.	
C4947	P4947	CN4947	Adrenaline (epinephrine)	Acute allergic reaction with anaphylaxis Continuing sole PBS-subsidised supply for anticipated emergency treatment Patient must have previously been issued with an authority prescription for this drug.	Compliance with Authority Required procedures
C4954	P4954	CN4954	Amino acid formula with vitamins and minerals without valine, leucine and isoleucine	Maple syrup urine disease	
C4957	P4957	CN4957	Betamethasone Methylprednisolone Mometasone	Corticosteroid-responsive dermatoses	
C4958	P4958	CN4958	Essential amino acids formula Essential amino acids formula with minerals and vitamin c Essential amino acids formula with vitamins and minerals	Urea cycle disorders	
C4961	P4961	CN4961	Adapalene with benzoyl peroxide	Severe acne vulgaris Acute treatment The treatment must in combination with an oral antibiotic.	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C4962	P4962	CN4962	Celecoxib Meloxicam	Osteoarthritis The treatment must be for symptomatic treatment.	
C4963	P4963	CN4963	Fusidic acid	Serious staphylococcal infections The treatment must be used in combination with another antibiotic; AND The condition must be proven to be due to a staphylococcus.	
C4964	P4964	CN4964	Amino acid formula with vitamins and minerals without phenylalanine	Phenylketonuria	
C4979	P4979	CN4979	Ivabradine	Chronic heart failure Patient must be symptomatic with NYHA classes II or III; AND Patient must be in sinus rhythm; AND Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; AND Patient must have a resting heart rate at or above 77 bpm at the time ivabradine treatment is initiated; AND Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated. Resting heart rate should be measured by ECG or echocardiography, after 5 minutes rest. The ECG or echocardiography, result must be documented in the patient's medical records when treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 4979
C4980	P4980	CN4980	Valganciclovir	Cytomegalovirus retinitis Patient must have HIV infection.	Compliance with Authority Required procedures - Streamlined Authority Code 4980
C4993	P4993	CN4993	Entecavir	Chronic hepatitis B infection Patient must not have cirrhosis; AND	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Lamivudine	Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; or Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection; AND Patient must have evidence of chronic liver injury determined by confirmed elevated serum ALT or liver biopsy.	Streamlined Authority Code 4993
C4996	P4996	CN4996	Captopril	Patients unable to take a solid dose form of an ACE inhibitor.	
C4997	P4997	CN4997	Progesterone	Assisted Reproductive Technology The treatment must be for luteal phase support as part of an assisted reproductive technology (ART) treatment cycle for infertile women; AND Patient must be receiving medical services as described in items 13200 or 13201 of the Medicare Benefits Schedule. The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.	Compliance with Authority Required procedures - Streamlined Authority Code 4997
C4998	P4998	CN4998	Clozapine	Schizophrenia Continuing treatment Must be treated by a psychiatrist; or Must be treated by an authorised medical practitioner, with the agreement of the treating psychiatrist; AND Patient must have previously received PBS-subsidised therapy with this drug for this condition; AND Patient must have completed at least 18 weeks therapy; AND Patient must be on a clozapine dosage considered stable by a treating psychiatrist; AND The treatment must be under the supervision and direction of a psychiatrist reviewing the patient at regular intervals. A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.	Compliance with Authority Required procedures - Streamlined Authority Code 4998

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5000	P5000	CN5000	Ganciclovir	Cytomegalovirus retinitis Patient must be severely immunocompromised, including due to HIV infection.	Compliance with Authority Required procedures - Streamlined Authority Code 5000
C5008	P5008	CN5008	Maraviroc	HIV infection Patient must be infected with CCR5-tropic HIV-1; AND The treatment must be in addition to optimised background therapy; AND The treatment must be in combination with other antiretroviral agents; AND Patient must have experienced virological failure or clinical failure or genotypic resistance after each of at least 3 different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes. Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity. A tropism assay to determine CCR5 only strain status must be performed prior to initiation. Individuals with CXCR4 tropism demonstrated at any time point are not eligible.	Compliance with Authority Required procedures - Streamlined Authority Code 5008
C5009	P5009	CN5009	Corifollitropin alfa	Assisted Reproductive Technology The treatment must be for controlled ovarian stimulation; AND Patient must have an antral follicle count of 20 or less; AND Patient must be receiving medical services as described in items 13200, 13201, or 13202 of the Medicare Benefits Schedule; AND Patient must be undergoing a gonadotrophin releasing antagonist cycle.	Compliance with Authority Required procedures - Streamlined Authority Code 5009
C5012	P5012	CN5012	Glycomacropeptide and essential amino acids with vitamins and minerals Glycomacropeptide formula with long chain polyunsaturated fatty acids and docosahexaenoic acid and low in	Phenylketonuria	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			phenylalanine		
C5014	P5014	CN5014	Etravirine	HIV infection The treatment must be in addition to optimised background therapy; AND The treatment must be in combination with other antiretroviral agents; AND Patient must be antiretroviral experienced; AND Patient must have experienced virological failure or clinical failure or genotypic resistance after each of at least 3 different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes. Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.	Compliance with Authority Required procedures - Streamlined Authority Code 5014
C5015	P5015	CN5015	Clozapine	Schizophrenia Initial treatment Must be treated by a psychiatrist or in consultation with the psychiatrist affiliated with the hospital or specialised unit managing the patient; AND Patient must be non-responsive to other neuroleptic agents. or Patient must be intolerant of other neuroleptic agents. Patients must complete at least 18 weeks of initial treatment under this restriction before being able to qualify for treatment under the continuing restriction. The name of the consulting psychiatrist should be included in the patient's medical records. A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.	Compliance with Authority Required procedures - Streamlined Authority Code 5015
C5027	P5027	CN5027	Follitropin alfa Follitropin beta Follitropin delta	Assisted Reproductive Technology Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.	Compliance with Authority Required procedures - Streamlined Authority Code 5027

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Human menopausal gonadotrophin		
C5036	P5036	CN5036	Entecavir Lamivudine	Chronic hepatitis B infection Patient must have cirrhosis; AND Patient must have detectable HBV DNA. Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 5036
C5037	P5037	CN5037	Entecavir	Chronic hepatitis B infection Patient must have cirrhosis; AND Patient must have failed lamivudine; AND Patient must have detectable HBV DNA. Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 5037
C5038	P5038	CN5038	Bimatoprost with timolol Brimonidine with timolol Brinzolamide with brimonidine Brinzolamide with timolol Dorzolamide with timolol Latanoprost with timolol Travoprost with timolol	Elevated intra-ocular pressure The condition must have been inadequately controlled with monotherapy; AND Patient must have open-angle glaucoma. or Patient must have ocular hypertension.	
C5044	P5044	CN5044	Entecavir	Chronic hepatitis B infection Patient must not have cirrhosis; AND Patient must have failed lamivudine; AND	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration, in conjunction with documented chronic hepatitis B infection. or Patient must have repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months whilst on previous antihepadnaviral therapy, except in patients with evidence of poor compliance.	Code 5044
C5045	P5045	CN5045	Progesterone	Assisted Reproductive Technology The treatment must be for luteal phase support as part of an assisted reproductive technology (ART) treatment cycle for infertile women; AND Patient must be receiving medical services as described in items 13200 or 13201 of the Medicare Benefits Schedule. The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.	Compliance with Authority Required procedures - Streamlined Authority Code 5045
C5046	P5046	CN5046	Cetrorelix Ganirelix Nafarelin Triptorelin	Assisted Reproductive Technology The treatment must be for prevention of premature luteinisation and ovulation; AND Patient must be undergoing controlled ovarian stimulation; AND Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.	Compliance with Authority Required procedures - Streamlined Authority Code 5046
C5087	P5087	CN5087	Poly-l-lactic acid	Severe facial lipoatrophy Initial PBS-subsidised treatment The treatment must be for facial administration only; AND The condition must be caused by therapy for HIV infection. Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.	Compliance with Authority Required procedures
C5089	P5089	CN5089	Calcitriol Sodium acid phosphate	Hypophosphataemic rickets	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 5089
C5094	P5094	CN5094	Darunavir	Human immunodeficiency virus (HIV) infection The treatment must be in addition to optimised background therapy; AND The treatment must be in combination with other antiretroviral agents; AND The treatment must be co-administered with 100 mg ritonavir twice daily; AND Patient must have experienced virological failure or clinical failure or genotypic resistance after at least one antiretroviral regimen. Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.	Compliance with Authority Required procedures - Streamlined Authority Code 5094
C5095	P5095	CN5095	Sodium acid phosphate	Familial hypophosphataemia	Compliance with Authority Required procedures - Streamlined Authority Code 5095
C5098	P5098	CN5098	Apixaban Rivaroxaban	Pulmonary embolism Initial treatment Patient must have confirmed acute symptomatic pulmonary embolism.	Compliance with Authority Required procedures - Streamlined Authority Code 5098
C5106	P5106	CN5106	Mesna	Urothelial toxicity Prophylaxis or reduction of toxicity The treatment must be adjunctive therapy to ifosfamide or high dose cyclophosphamide.	
C5114	P5114	CN5114	Calcitriol Sodium acid phosphate	Vitamin D-resistant rickets	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 5114
C5122	P5122	CN5122	Poly-l-lactic acid	Severe facial lipoatrophy Maintenance PBS-subsidised treatment The treatment must be for facial administration only; AND The condition must be caused by therapy for HIV infection. Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.	Compliance with Authority Required procedures
C5123	P5123	CN5123	Sodium acid phosphate	Hypercalcaemia	Compliance with Authority Required procedures - Streamlined Authority Code 5123
C5130	P5130	CN5130	Mesna	Urothelial toxicity Prophylaxis or reduction of toxicity The treatment must be adjunctive therapy to ifosfamide or high dose cyclophosphamide.	
C5135	P5135	CN5135	Levonorgestrel	Idiopathic menorrhagia The treatment must be in a patient where oral treatments are ineffective.	
C5136	P5136	CN5136	Cabergoline Quinagolide	Pathological hyperprolactinaemia Patient must be one in whom surgery is not indicated.	
C5137	P5137	CN5137	Cabergoline Quinagolide	Pathological hyperprolactinaemia Patient must have had surgery for this condition with incomplete resolution.	
C5139	P5139	CN5139	Thiamine	Thiamine deficiency The treatment must be for prophylaxis; Patient must be an Aboriginal or a Torres Strait Islander person.	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 5139
C5140	P5140	CN5140	Nicotine	Nicotine dependence Patient must be an Aboriginal or a Torres Strait Islander person; The treatment must be the sole PBS-subsidised therapy for this condition.	
C5141	P5141	CN5141	Eletriptan Rizatriptan Sumatriptan Zolmitriptan	Migraine attack The condition must have usually failed to respond to analgesics in the past.	
C5172	P5172	CN5172	Bromocriptine Cabergoline	Prevention of the onset of lactation The treatment must occur in the puerperium; AND The treatment must be for medical reasons.	
C5174	P5174	CN5174	Insulin detemir	Type 1 diabetes	
C5177	P5177	CN5177	Minoxidil	Severe refractory hypertension The treatment must be initiated by a consultant physician.	
C5178	P5178	CN5178	Botulinum toxin type A purified neurotoxin complex Clostridium botulinum type A toxin - haemagglutinin complex	Moderate to severe spasticity of the upper limb Patient must have cerebral palsy; Patient must be aged from 2 to 17 years inclusive; Must be treated by a neurologist. or Must be treated by an orthopaedic surgeon. or Must be treated by a paediatrician. or Must be treated by a rehabilitation specialist. or Must be treated by a plastic surgeon.	Compliance with Authority Required procedures - Streamlined Authority Code 5178
C5214	P5214	CN5214	Levonorgestrel	Contraception	
C5218	P5218	CN5218	Pamidronic acid	Multiple myeloma	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					procedures - Streamlined Authority Code 5218
C5221	P5221	CN5221	Botulinum toxin type A purified neurotoxin complex	Blepharospasm or hemifacial spasm Patient must have blepharospasm; or Patient must have hemifacial spasm; AND Must be treated by a neurologist; or Must be treated by an ophthalmologist; or Must be treated by an otolaryngology head and neck surgeon; or Must be treated by a plastic surgeon; Patient must be aged 12 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 5221
C5222	P5222	CN5222	IncobotulinumtoxinA	Spasmodic torticollis Patient must have spasmodic torticollis; AND The treatment must be as monotherapy; or The treatment must be as adjunctive therapy to current standard care; AND Must be treated by a neurologist; or Must be treated by a plastic surgeon; or Must be treated by a rehabilitation specialist; Patient must be aged 18 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 5222
C5226	P5226	CN5226	Desmopressin	Primary nocturnal enuresis Patient must be 6 years of age or older; Patient must be one in whom an enuresis alarm is contraindicated. The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated	Compliance with Authority Required procedures - Streamlined Authority Code 5226
C5251	P5251	CN5251	Lutropin alfa	Stimulation of follicular development Patient must have severe LH deficiency; AND Patient must be receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 5251
C5255	P5255	CN5255	Calcitriol	Hypoparathyroidism	Compliance with Authority Required procedures - Streamlined Authority Code 5255
C5266	P5266	CN5266	Desmopressin	Cranial diabetes insipidus	Compliance with Authority Required procedures - Streamlined Authority Code 5266
C5267	P5267	CN5267	Desmopressin	Primary nocturnal enuresis Patient must be 6 years of age or older; Patient must be one in whom an enuresis alarm is contraindicated. The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated	Compliance with Authority Required procedures - Streamlined Authority Code 5267
C5268	P5268	CN5268	Dicloxacillin	Serious staphylococcal infection	
C5289	P5289	CN5289	Levonorgestrel	Idiopathic menorrhagia The treatment must be in a patient where oral treatments are contraindicated.	
C5291	P5291	CN5291	Pamidronic acid	Bone metastases The condition must be due to breast cancer.	Compliance with Authority Required procedures - Streamlined Authority Code 5291
C5295	P5295	CN5295	Desmopressin	Primary nocturnal enuresis Patient must be 6 years of age or older; Patient must be one in whom an enuresis alarm is contraindicated.	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated	Streamlined Authority Code 5295
C5296	P5296	CN5296	Thyrotropin alfa	Ablation of thyroid remnant tissue Patient must have undergone a thyroidectomy; AND The treatment must be in combination with radioactive iodine; AND Patient must not have a known metastatic disease.	
C5297	P5297	CN5297	Flucloxacillin	Serious staphylococcal infection	
C5298	P5298	CN5298	Flucloxacillin	Serious staphylococcal infection	
C5323	P5323	CN5323	Amino acid formula with vitamins and minerals without lysine and low in tryptophan	Proven glutaric aciduria type 1	
C5324	P5324	CN5324	Bisoprolol Carvedilol Metoprolol succinate Nebivolol	Moderate to severe heart failure Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.	
C5325	P5325	CN5325	Topiramate	Migraine The treatment must be for prophylaxis; AND Patient must have experienced an average of 3 or more migraines per month over a period of at least 6 months; AND Patient must have a contraindication to beta-blockers, as described in the relevant TGA-approved Product Information; or Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with a beta-blocker; AND Patient must have a contraindication to pizotifen because the weight gain associated with this drug poses an unacceptable risk. or Patient must have experienced intolerance of a severity necessitating	Compliance with Authority Required procedures - Streamlined Authority Code 5325

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				permanent withdrawal during treatment with pizotifen. Details of the contraindication and/or intolerance(s) must be documented in the patient's medical records when treatment is initiated.	
C5339	P5339	CN5339	Rasagiline	Parkinson disease	
C5341	P5341	CN5341	Riluzole	Amyotrophic lateral sclerosis Initial treatment The condition must be diagnosed by a neurologist; AND Patient must not have had the disease for more than 5 years; AND Patient must have at least 60 percent of predicted forced vital capacity within the 2 months before commencing therapy with this drug; AND Patient must be ambulatory; or Patient must not be ambulatory, and must be able to either use upper limbs or to swallow; AND Patient must not have undergone a tracheostomy; AND Patient must not have experienced respiratory failure. The date of diagnosis and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.	Compliance with Authority Required procedures
C5342	P5342	CN5342	Desmopressin	Primary nocturnal enuresis Patient must be 6 years of age or older; Patient must be refractory to an enuresis alarm.	Compliance with Authority Required procedures - Streamlined Authority Code 5342
C5357	P5357	CN5357	Cabergoline Quinagolide	Pathological hyperprolactinaemia Patient must have had radiotherapy for this condition with incomplete resolution.	
C5359	P5359	CN5359	Botulinum toxin type A purified neurotoxin complex Clostridium botulinum type A toxin -	Dynamic equinus foot deformity The condition must be due to spasticity; AND Patient must have cerebral palsy; AND	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			haemagglutinin complex	Patient must be ambulant; Patient must be aged from 2 to 17 years inclusive; Must be treated by a neurologist. or Must be treated by an orthopaedic surgeon. or Must be treated by a paediatrician. or Must be treated by a rehabilitation specialist.	Streamlined Authority Code 5359
C5360	P5360	CN5360	IncobotulinumtoxinA	Blepharospasm Patient must have blepharospasm; Patient must be aged 18 years or older; Must be treated by a neurologist. or Must be treated by an ophthalmologist. or Must be treated by an otolaryngology head and neck surgeon. or Must be treated by a plastic surgeon.	Compliance with Authority Required procedures - Streamlined Authority Code 5360
C5366	P5366	CN5366	Acamprosate	Alcohol dependence The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence.	Compliance with Authority Required procedures - Streamlined Authority Code 5366
C5394	P5394	CN5394	Carvedilol	Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002	
C5398	P5398	CN5398	Cabergoline Quinagolide	Pathological hyperprolactinaemia Patient must be one in whom radiotherapy is not indicated.	
C5401	P5401	CN5401	Calcitriol	Hypocalcaemia The condition must be due to renal disease.	Compliance with Authority Required procedures - Streamlined Authority Code 5401

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5402	P5402	CN5402	Calcitriol	Established osteoporosis Patient must have fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	Compliance with Authority Required procedures - Streamlined Authority Code 5402
C5405	P5405	CN5405	Clostridium botulinum type A toxin - haemagglutinin complex	Blepharospasm or hemifacial spasm Patient must have blepharospasm; or Patient must have hemifacial spasm; Patient must be aged 18 years or older; Must be treated by a neurologist. or Must be treated by an ophthalmologist. or Must be treated by an otolaryngology head and neck surgeon. or Must be treated by a plastic surgeon.	Compliance with Authority Required procedures - Streamlined Authority Code 5405
C5406	P5406	CN5406	Botulinum toxin type A purified neurotoxin complex Clostridium botulinum type A toxin - haemagglutinin complex	Spasmodic torticollis Patient must have spasmodic torticollis; AND The treatment must be as monotherapy; or The treatment must be as adjunctive therapy to current standard care; AND Must be treated by a neurologist. or Must be treated by a plastic surgeon. or Must be treated by a rehabilitation specialist.	Compliance with Authority Required procedures - Streamlined Authority Code 5406
C5408	P5408	CN5408	Botulinum toxin type A purified neurotoxin complex	Severe primary axillary hyperhidrosis Patient must have previously failed topical aluminium chloride hexahydrate after one to two months of treatment; or Patient must be intolerant to topical aluminium chloride hexahydrate	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				treatment; Patient must be aged 12 years or older; Must be treated by a dermatologist. or Must be treated by a neurologist. or Must be treated by a paediatrician. Maximum number of treatments per year is 3, with no less than 4 months to elapse between treatments.	Code 5408
C5409	P5409	CN5409	Botulinum toxin type A purified neurotoxin complex	Urinary incontinence The condition must be due to neurogenic detrusor overactivity, as demonstrated by urodynamic study; AND The condition must be inadequately controlled by anti-cholinergic therapy; AND Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with Botulinum Toxin Type A Neurotoxin Complex; AND Patient must be willing and able to self-catheterise; AND The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment; AND Patient must have multiple sclerosis; or Patient must have a spinal cord injury; or Patient must be aged 18 years or older and have spina bifida; AND Must be treated by a urologist. or Must be treated by a urogynaecologist.	Compliance with Authority Required procedures - Streamlined Authority Code 5409
C5411	P5411	CN5411	Pramipexole	Primary severe restless legs syndrome Patient must manifest all 4 diagnostic criteria for Restless Legs Syndrome; AND Patient must have a baseline International Restless Legs Syndrome Rating Scale (IRLSRS) score greater than or equal to 21 points prior to initiation of pramipexole.	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The date and IRLSRS score must be documented in the patient's medical records at the time pramipexole treatment is initiated. The diagnostic criteria for Restless Legs Syndrome are (a) An urge to move the legs usually accompanied or caused by unpleasant sensations in the legs; and (b) The urge to move or unpleasant sensations begin or worsen during periods of rest or inactivity such as lying or sitting; and (c) The urge to move or unpleasant sensations are partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues; and (d) The urge to move or unpleasant sensations are worse in the evening or night than during the day or only occur during the evening or night.	
C5412	P5412	CN5412	Desmopressin	Primary nocturnal enuresis Patient must be 6 years of age or older; Patient must be refractory to an enuresis alarm.	Compliance with Authority Required procedures - Streamlined Authority Code 5412
C5413	P5413	CN5413	Desmopressin	Primary nocturnal enuresis Patient must be 6 years of age or older; Patient must be refractory to an enuresis alarm.	Compliance with Authority Required procedures - Streamlined Authority Code 5413
C5414	P5414	CN5414	Flucloxacillin	Serious staphylococcal infection	
C5415	P5415	CN5415	Dicloxacillin	Serious staphylococcal infection	
C5437	P5437	CN5437	Goserelin	Breast cancer The condition must be hormone receptor positive.	
C5444	P5444	CN5444	Lansoprazole Omeprazole	Gastro-oesophageal reflux disease	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Pantoprazole Rabeprazole		
C5446	P5446	CN5446	Tobramycin	Septicaemia, suspected	
C5450	P5450	CN5450	Anakinra	Moderate to severe cryopyrin associated periodic syndromes (CAPS) Must be treated by a rheumatologist or in consultation with a rheumatologist. or Must be treated by a clinical immunologist or in consultation with a clinical immunologist. A diagnosis of CAPS must be documented in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 5450
C5452	P5452	CN5452	Panitumumab	Metastatic colorectal cancer Continuing treatment Patient must have received an initial authority prescription for panitumumab for first-line treatment of RAS wild-type metastatic colorectal cancer; AND Patient must not have progressive disease; AND The treatment must be in combination with first-line chemotherapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition. Patients who have progressive disease on cetuximab are not eligible to receive PBS-subsidised panitumumab. Patients who have developed intolerance to cetuximab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised panitumumab.	Compliance with Authority Required procedures - Streamlined Authority Code 5452
C5466	P5466	CN5466	Magnesium	Chronic renal disease Patient must be an Aboriginal or a Torres Strait Islander person.	Compliance with Authority Required procedures - Streamlined Authority Code 5466
C5470	P5470	CN5470	Clindamycin	Gram-positive coccal infections	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The condition must not be able to be safely and effectively treated with a penicillin.	
C5472	P5472	CN5472	Pimecrolimus	Atopic dermatitis Short-term (up to 3 weeks) intermittent treatment Patient must be at least 3 months of age; The condition must be on the patient's face; or The condition must be on the patient's eyelid; AND Patient must have failed to achieve satisfactory disease control with intermittent topical corticosteroid therapy; AND The condition must have been initially diagnosed more than three months prior to this treatment; AND Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period. Failure to achieve satisfactory disease control with intermittent topical corticosteroid therapy is manifest by (i) failure of the facial skin to clear despite at least 2 weeks of topical hydrocortisone 1% applied every day; or (ii) failure of the facial skin to clear despite at least 1 week of a moderate or potent topical corticosteroid applied every day; or (iii) clearing of the facial skin with at least 2 weeks of topical hydrocortisone 1% applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions; or (iv) clearing of the facial skin with at least 1 week of a moderate or potent topical corticosteroid applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions	Compliance with Authority Required procedures - Streamlined Authority Code 5472
C5482	P5482	CN5482	Pimecrolimus	Atopic dermatitis Patient must be at least 3 months of age; The condition must be on the patient's face; or The condition must be on the patient's eyelid; AND	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have 1 or more of the following contraindications to topical corticosteroids: (i) perioral dermatitis; (ii) periorbital dermatitis; (iii) rosacea; (iv) epidermal atrophy; (v) dermal atrophy; (vi) allergy to topical corticosteroids; (vii) cataracts; (viii) glaucoma; (ix) raised intraocular pressure; AND Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.	Code 5482
C5487	P5487	CN5487	Clindamycin	Gram-positive coccal infections The condition must not be able to be safely and effectively treated with a penicillin.	
C5490	P5490	CN5490	Tobramycin	Septicaemia, proven	
C5491	P5491	CN5491	Lanthanum Sevelamer Sucroferric oxyhydroxide	Hyperphosphataemia Maintenance following initiation and stabilisation The condition must not be adequately controlled by calcium; AND Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; or The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy; AND The treatment must not be used in combination with any other non-calcium phosphate binding agents; AND Patient must be undergoing dialysis for chronic kidney disease.	Compliance with Authority Required procedures - Streamlined Authority Code 5491
C5498	P5498	CN5498	Tobramycin	Pseudomonas aeruginosa infection Patient must have cystic fibrosis; AND The treatment must be systemic.	
C5506	P5506	CN5506	Magnesium	Hypomagnesaemia Patient must be an Aboriginal or a Torres Strait Islander person.	Compliance with Authority Required procedures - Streamlined Authority Code 5506

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5509	P5509	CN5509	Tiotropium	Bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease Long-term maintenance treatment	
C5512	P5512	CN5512	Lansoprazole Omeprazole Pantoprazole Rabeprazole	Scleroderma oesophagus	
C5519	P5519	CN5519	Tobramycin	Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent	
C5522	P5522	CN5522	Anastrozole Exemestane Letrozole Tamoxifen	Breast cancer The condition must be hormone receptor positive.	
C5526	P5526	CN5526	Panitumumab	Metastatic colorectal cancer Initial Treatment Patient must have RAS wild-type metastatic colorectal cancer; AND Patient must have a WHO performance status of 0 or 1; AND The condition must be previously untreated; AND The treatment must be in combination with first-line chemotherapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition. Patients who have progressive disease on cetuximab are not eligible to receive PBS-subsidised panitumumab. Patients who have developed intolerance to cetuximab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised panitumumab.	Compliance with Authority Required procedures - Streamlined Authority Code 5526

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5529	P5529	CN5529	Omeprazole Pantoprazole	Zollinger-Ellison syndrome	
C5530	P5530	CN5530	Lanthanum Sevelamer Sucroferric oxyhydroxide	Hyperphosphataemia Initiation and stabilisation The condition must not be adequately controlled by calcium; AND Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; or The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy; AND The treatment must not be used in combination with any other non-calcium phosphate binding agents; AND Patient must be undergoing dialysis for chronic kidney disease.	Compliance with Authority Required procedures - Streamlined Authority Code 5530
C5532	P5532	CN5532	Cyproterone	Moderate to severe androgenisation The condition must not be indicated by acne alone, as this is not a sufficient indication of androgenisation; Patient must be female; Patient must not be pregnant.	Compliance with Authority Required procedures - Streamlined Authority Code 5532
C5533	P5533	CN5533	Amino acid formula with fat, carbohydrate without phenylalanine and tyrosine Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine Amino acid formula with vitamins and minerals without phenylalanine and tyrosine Amino acid formula with vitamins and minerals, without phenylalanine,	Tyrosinaemia	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			tyrosine and supplemented with arachidonic acid and docosahexaenoic acid Glycomacropeptide and essential amino acid formula with vitamins, minerals, and low in tyrosine and phenylalanine Glycomacropeptide and essential amino acids with vitamins and minerals Phenylalanine with carbohydrate		
C5534	P5534	CN5534	Amino acid formula with fat, carbohydrate without methionine Amino acid formula with vitamins and minerals without methionine Amino acid formula with vitamins and minerals without methionine and supplemented with arachidonic acid and docosahexaenoic acid	Pyridoxine non-responsive homocystinuria	
C5535	P5535	CN5535	Ciprofloxacin	Chronic suppurative otitis media Patient must be less than 18 years of age; Patient must have a grommet in situ.	Compliance with Authority Required procedures
C5540	P5540	CN5540	Mycobacterium bovis (Bacillus Calmette and Guerin (BCG)) Danish 1331 strain Mycobacterium bovis (Bacillus Calmette and Guerin), Tice strain	Primary and relapsing superficial urothelial carcinoma of the bladder	
C5541	P5541	CN5541	Triglycerides - medium chain, formula	Dietary management of conditions requiring a source of medium chain triglycerides Patient must have fat malabsorption due to liver disease. or	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have fat malabsorption due to short gut syndrome. or Patient must have fat malabsorption due to cystic fibrosis. or Patient must have fat malabsorption due to gastrointestinal disorders.	
C5542	P5542	CN5542	Amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine	Propionic acidaemia	
C5551	P5551	CN5551	Ciprofloxacin	Chronic suppurative otitis media Patient must be less than 18 years of age; Patient must have perforation of the tympanic membrane.	Compliance with Authority Required procedures
C5559	P5559	CN5559	Amino acid formula with vitamins and minerals without methionine	Pyridoxine non-responsive homocystinuria Patient must be an infant or a very young child.	
C5560	P5560	CN5560	Amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine	Methylmalonic acidaemia	
C5561	P5561	CN5561	Amylopectin, modified long chain	Glycogen storage disease	
C5571	P5571	CN5571	Amino acid formula with fat, carbohydrate without valine, leucine and isoleucine Amino acid formula without valine, leucine and isoleucine Amino acid formula with vitamins and minerals without valine, leucine and isoleucine Amino acid formula with vitamins and minerals without valine, leucine, isoleucine and supplemented with arachidonic acid and docosahexaenoic	Maple syrup urine disease	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			acid Isoleucine with carbohydrate Valine with carbohydrate		
C5572	P5572	CN5572	Ponatinib	Acute lymphoblastic leukaemia Initial treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must be expressing the T315I mutation; AND Patient must have failed treatment with chemotherapy, with or without another tyrosine kinase inhibitor; AND Patient must have failed allogeneic haemopoietic stem cell transplantation (where appropriate). Failure of treatment is defined as either 1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy, with or without another tyrosine kinase inhibitor; 2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy, with or without another tyrosine kinase inhibitor; 3. Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation. Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission. The authority application must be made in writing and must include 1. a completed authority prescription form; and 2. a completed Acute Lymphoblastic Leukaemia - ponatinib Initial PBS	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				authority application form; and 3. a signed patient acknowledgement; and 4. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript.; and evidence of the T315I mutation. The date of the relevant pathology report(s), which should be within the previous 6 months, need(s) to be provided	
C5589	P5589	CN5589	Ponatinib	Acute lymphoblastic leukaemia Continuing treatment Patient must have previously been issued with an authority prescription for this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must not have progressive disease.	Compliance with Authority Required procedures
C5593	P5593	CN5593	Ciprofloxacin	Chronic suppurative otitis media Patient must be an Aboriginal or a Torres Strait Islander person; Patient must be aged 1 month or older.	Compliance with Authority Required procedures
C5597	P5597	CN5597	Mycobacterium bovis (Bacillus Calmette and Guerin (BCG)) Danish 1331 strain Mycobacterium bovis (Bacillus Calmette and Guerin), Tice strain	Primary and relapsing superficial urothelial carcinoma of the bladder	
C5605	P5605	CN5605	Zoledronic acid	Bone metastases The condition must be due to breast cancer.	Compliance with Authority Required procedures - Streamlined Authority Code 5605
C5607	P5607	CN5607	Albendazole	Hydatid disease The treatment must be in conjunction with surgery. or	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be used when a surgical cure cannot be achieved. or The treatment must be used when surgery cannot be used.	procedures - Streamlined Authority Code 5607
C5609	P5609	CN5609	Atovaquone	Mild to moderate Pneumocystis carinii pneumonia Patient must be an adult; Patient must be intolerant of trimethoprim/sulfamethoxazole therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 5609
C5611	P5611	CN5611	Quetiapine	Acute mania The condition must be associated with bipolar I disorder; AND The treatment must be as monotherapy; AND The treatment must be limited to up to 6 months per episode.	Compliance with Authority Required procedures - Streamlined Authority Code 5611
C5613	P5613	CN5613	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Constipation Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.	
C5614	P5614	CN5614	Ciprofloxacin	Bone or joint infection The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials. or The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.	Compliance with Authority Required procedures
C5615	P5615	CN5615	Ciprofloxacin	Prostatitis The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials. or The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.	Compliance with Authority Required procedures
C5618	P5618	CN5618	Ondansetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				administration.	
C5633	P5633	CN5633	Quinine	Malaria	Compliance with Authority Required procedures - Streamlined Authority Code 5633
C5634	P5634	CN5634	Dornase alfa	Cystic fibrosis Patient must have a severe clinical course with frequent respiratory exacerbations or chronic respiratory symptoms (including chronic or recurrent cough, wheeze or tachypnoea) requiring hospital admissions more frequently than 3 times per year; or Patient must have significant bronchiectasis on chest high resolution computed tomography scan; or Patient must have severe cystic fibrosis bronchiolitis with persistent wheeze non-responsive to conventional medicines; or Patient must have severe physiological deficit measure by forced oscillation technique or multiple breath nitrogen washout and failure to respond to conventional therapy; Patient must be less than 5 years of age. Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit. Following an initial 6 months therapy, a comprehensive assessment must be undertaken and documented. Treatment with this drug should cease if there is not agreement of benefit, as there is always the possibility of harm from unnecessary use. Further reassessments must be undertaken and documented at six-monthly intervals.	Compliance with Authority Required procedures - Streamlined Authority Code 5634
C5635	P5635	CN5635	Dornase alfa	Cystic fibrosis Continuing treatment Patient must have initiated treatment with dornase alfa at an age of less than	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				5 years; AND Patient must have undergone a comprehensive assessment which documents agreement that dornase alfa treatment is continuing to produce worthwhile benefit; Patient must be 5 years of age or older. Further reassessments must be undertaken and documented at six-monthly intervals. Treatment with this drug should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.	Code 5635
C5636	P5636	CN5636	Vancomycin	Antibiotic associated pseudomembranous colitis The condition must be due to Clostridium difficile; AND Patient must have an intolerance to metronidazole.	Compliance with Authority Required procedures
C5637	P5637	CN5637	Azithromycin	Trachoma	
C5638	P5638	CN5638	Clarithromycin	Bordetella pertussis	
C5640	P5640	CN5640	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Constipation Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.	
C5648	P5648	CN5648	Methotrexate	Patients requiring doses greater than 20 mg per week	
C5649	P5649	CN5649	Medroxyprogesterone	Endometrial cancer	
C5650	P5650	CN5650	Desvenlafaxine Duloxetine Mirtazapine Moclobemide Reboxetine Venlafaxine	Major depressive disorders	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5660	P5660	CN5660	Vancomycin	Antibiotic associated pseudomembranous colitis The condition must be due to Clostridium difficile; AND The condition must be unresponsive to metronidazole.	Compliance with Authority Required procedures
C5663	P5663	CN5663	Clarithromycin	Atypical mycobacterial infections	
C5666	P5666	CN5666	Ciprofloxacin	Gonorrhoea	Compliance with Authority Required procedures
C5672	P5672	CN5672	Benzydamine	Mucositis The condition must be radiation induced.	
C5680	P5680	CN5680	Albendazole	Tapeworm infestation	Compliance with Authority Required procedures - Streamlined Authority Code 5680
C5685	P5685	CN5685	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Anorectal congenital abnormalities	
C5686	P5686	CN5686	Palonosetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.	
C5687	P5687	CN5687	Ciprofloxacin	Respiratory tract infection The condition must be proven or suspected to be caused by Pseudomonas aeruginosa; AND Patient must be severely immunocompromised.	Compliance with Authority Required procedures
C5688	P5688	CN5688	Ciprofloxacin	Infection The condition must be proven to be due to Pseudomonas aeruginosa	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				resistant to all other oral antimicrobials. or The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.	procedures
C5689	P5689	CN5689	Ciprofloxacin	Epididymo-orchitis The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials. or The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.	Compliance with Authority Required procedures
C5697	P5697	CN5697	Phenoxymethylpenicillin	Recurrent streptococcal infections (including rheumatic fever) The treatment must be for prophylaxis.	
C5701	P5701	CN5701	Metronidazole	Anaerobic infections	
C5702	P5702	CN5702	Metronidazole	Anaerobic infections	
C5703	P5703	CN5703	Zoledronic acid	Bone metastases The condition must be due to castration-resistant prostate cancer.	Compliance with Authority Required procedures - Streamlined Authority Code 5703
C5704	P5704	CN5704	Zoledronic acid	Hypercalcaemia of malignancy Patient must have a malignancy refractory to anti-neoplastic therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 5704
C5710	P5710	CN5710	Zoledronic acid	Symptomatic Paget disease of bone Only 1 treatment each year per patient will be PBS-subsidised	Compliance with Authority Required procedures - Streamlined Authority Code 5710

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5712	P5712	CN5712	Albendazole	Strongyloidiasis	Compliance with Authority Required procedures - Streamlined Authority Code 5712
C5716	P5716	CN5716	Vancomycin	Endophthalmitis	
C5717	P5717	CN5717	Vancomycin	Endocarditis The treatment must be for prophylaxis; AND Patient must be hypersensitive to penicillin.	
C5718	P5718	CN5718	Azithromycin	Urethritis The condition must be uncomplicated and due to Chlamydia trachomatis.	
C5719	P5719	CN5719	Asenapine	Bipolar I disorder The treatment must be maintenance therapy; AND The treatment must be as monotherapy.	Compliance with Authority Required procedures - Streamlined Authority Code 5719
C5720	P5720	CN5720	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Constipation Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.	
C5721	P5721	CN5721	Ondansetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.	
C5722	P5722	CN5722	Ciprofloxacin	Bacterial gastroenteritis Patient must be severely immunocompromised.	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5729	P5729	CN5729	Bicalutamide Flutamide	Metastatic (stage D) carcinoma of the prostate The treatment must be in combination with GnRH (LH-RH) analogue therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 5729
C5732	P5732	CN5732	Benzydamine	Mucositis The condition must be radiation induced.	
C5735	P5735	CN5735	Zoledronic acid	Multiple myeloma	Compliance with Authority Required procedures - Streamlined Authority Code 5735
C5740	P5740	CN5740	Dornase alfa	Cystic fibrosis Patient must be 5 years of age or older. Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit. Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease. Initial therapy is limited to 3 months treatment with dornase alfa at a dose of 2.5 mg daily. To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient. Further reassessments must be undertaken and documented at six-monthly	Compliance with Authority Required procedures - Streamlined Authority Code 5740

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.	
C5742	P5742	CN5742	Ziprasidone	Acute mania or mixed episodes The condition must be associated with bipolar I disorder; AND The treatment must be as monotherapy; AND The treatment must be limited to up to 6 months per episode.	Compliance with Authority Required procedures - Streamlined Authority Code 5742
C5743	P5743	CN5743	Ondansetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.	
C5744	P5744	CN5744	Norfloxacin	Acute bacterial enterocolitis	Compliance with Authority Required procedures
C5746	P5746	CN5746	Ticagrelor	Acute coronary syndrome (myocardial infarction or unstable angina) The treatment must be in combination with aspirin.	Compliance with Authority Required procedures - Streamlined Authority Code 5746
C5769	P5769	CN5769	Vancomycin	Infection The treatment must be initiated in a hospital; AND The condition must be one in which vancomycin is an appropriate antibiotic.	
C5772	P5772	CN5772	Azithromycin	Cervicitis The condition must be uncomplicated and due to Chlamydia trachomatis.	
C5773	P5773	CN5773	Asenapine	Acute mania or mixed episodes The condition must be associated with bipolar I disorder; AND The treatment must be limited to up to 6 months per episode.	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 5773
C5775	P5775	CN5775	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Constipation Patient must be receiving palliative care.	
C5776	P5776	CN5776	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Terminal malignant neoplasia	
C5778	P5778	CN5778	Ondansetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.	
C5780	P5780	CN5780	Ciprofloxacin	Perichondritis of the pinna The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials. or The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.	Compliance with Authority Required procedures
C5781	P5781	CN5781	Fondaparinux	Prevention of venous thromboembolism Patient must be undergoing major hip surgery.	Compliance with Authority Required procedures - Streamlined Authority Code 5781
C5791	P5791	CN5791	Medroxyprogesterone	Breast cancer The condition must be hormone receptor positive.	
C5797	P5797	CN5797	Albendazole	Hookworm infestation	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 5797
C5801	P5801	CN5801	Vancomycin	Endocarditis The treatment must be for prophylaxis; AND Patient must be hypersensitive to penicillin.	
C5804	P5804	CN5804	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Megacolon	
C5805	P5805	CN5805	Palonosetron	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.	
C5806	P5806	CN5806	Norfloxacin	Complicated urinary tract infection	Compliance with Authority Required procedures
C5808	P5808	CN5808	Fondaparinux	Prevention of venous thromboembolism Patient must be undergoing total knee replacement.	Compliance with Authority Required procedures - Streamlined Authority Code 5808
C5817	P5817	CN5817	Albendazole	Whipworm infestation Patient must be an Aboriginal or a Torres Strait Islander person.	Compliance with Authority Required procedures - Streamlined Authority Code 5817
C5819	P5819	CN5819	Bisacodyl	Constipation Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must identify as Aboriginal or Torres Strait Islander.	
C5823	P5823	CN5823	Bisacodyl	Anorectal congenital abnormalities Patient must identify as Aboriginal or Torres Strait Islander.	
C5824	P5824	CN5824	Folic acid	For treatment of a patient identifying as Aboriginal or Torres Strait Islander	
C5832	P5832	CN5832	Amoxicillin with clavulanic acid	Infections where resistance to amoxicillin is proven	
C5833	P5833	CN5833	Amoxicillin with clavulanic acid	Infection where resistance to amoxicillin is suspected	
C5835	P5835	CN5835	Chloramphenicol Paracetamol	For treatment of a patient identifying as Aboriginal or Torres Strait Islander	
C5843	P5843	CN5843	Amoxicillin	Chronic bronchitis Patient must have acute exacerbations of the condition.	
C5846	P5846	CN5846	Paracetamol	For treatment of a patient identifying as Aboriginal or Torres Strait Islander	
C5849	P5849	CN5849	Naratriptan	Migraine attack The condition must have usually failed to respond to analgesics in the past; AND Patient must be one in whom transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance.	Compliance with Authority Required procedures
C5850	P5850	CN5850	Naratriptan	Migraine attack The condition must have usually failed to respond to analgesics in the past; AND Patient must be one in whom transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.	Compliance with Authority Required procedures
C5851	P5851	CN5851	Bisacodyl	Terminal malignant neoplasia Patient must identify as Aboriginal or Torres Strait Islander.	
C5852	P5852	CN5852	Glucose and ketone indicator-urine	For treatment of a patient identifying as Aboriginal or Torres Strait Islander	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5855	P5855	CN5855	Ceftriaxone	Gonorrhoea	
C5859	P5859	CN5859	Naratriptan	Migraine attack The condition must have usually failed to respond to analgesics in the past; AND Patient must be one in whom adverse events have occurred with other suitable PBS-listed drugs.	Compliance with Authority Required procedures
C5860	P5860	CN5860	Naratriptan	Migraine attack The condition must have usually failed to respond to analgesics in the past; AND Patient must be one in whom drug interactions are expected to occur with other suitable PBS-listed drugs.	Compliance with Authority Required procedures
C5863	P5863	CN5863	Amoxicillin	Infection suspected or proven to be due to a susceptible organism The treatment must be for patients who require a liquid formulation and in whom the syrup formulations are unsuitable.	Compliance with Authority Required procedures
C5865	P5865	CN5865	Paracetamol	Chronic arthropathies Patient must identify as Aboriginal or Torres Strait Islander.	
C5866	P5866	CN5866	Bisacodyl	Megacolon Patient must identify as Aboriginal or Torres Strait Islander.	
C5867	P5867	CN5867	Cefazolin	Cellulitis	
C5869	P5869	CN5869	Olanzapine Quetiapine	Bipolar I disorder The treatment must be maintenance therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 5869
C5879	P5879	CN5879	Bisacodyl	Constipation Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility;	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must identify as Aboriginal or Torres Strait Islander.	
C5883	P5883	CN5883	Cefazolin	Cellulitis	
C5884	P5884	CN5884	Aspirin	For treatment of a patient identifying as Aboriginal or Torres Strait Islander	
C5885	P5885	CN5885	Paracetamol	Chronic arthropathies Patient must identify as Aboriginal or Torres Strait Islander.	
C5887	P5887	CN5887	Naratriptan	Migraine attack The condition must have usually failed to respond to analgesics in the past; AND Patient must be one in whom drug interactions have occurred with other suitable PBS-listed drugs.	Compliance with Authority Required procedures
C5889	P5889	CN5889	Electrolyte replacement, oral	For treatment of a patient identifying as Aboriginal or Torres Strait Islander	
C5893	P5893	CN5893	Amoxicillin with clavulanic acid	Infection where resistance to amoxicillin is suspected	
C5894	P5894	CN5894	Amoxicillin with clavulanic acid	Infections where resistance to amoxicillin is proven	
C5901	P5901	CN5901	Octreotide	Functional carcinoid tumour Patient must have achieved symptom control on octreotide immediate release injections; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 5901
C5906	P5906	CN5906	Octreotide	Vasoactive intestinal peptide secreting tumour (VIPoma) Patient must have achieved symptom control on octreotide immediate release injections; AND The treatment must cease if there is failure to produce a clinically significant	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Code 5906
C5907	P5907	CN5907	Risperidone	Acute mania The condition must be associated with bipolar I disorder; AND The treatment must be as adjunctive therapy to mood stabilisers; AND The treatment must be limited to up to 6 months per episode.	Compliance with Authority Required procedures - Streamlined Authority Code 5907
C5912	P5912	CN5912	Risperidone	Bipolar I disorder The condition must be refractory to treatment; AND The treatment must be in combination with lithium or sodium valproate; AND The treatment must be maintenance therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 5912
C5914	P5914	CN5914	Thalidomide	Multiple myeloma	Compliance with Authority Required procedures - Streamlined Authority Code 5914
C5936	P5936	CN5936	Aciclovir	Initial moderate to severe genital herpes Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5936
C5937	P5937	CN5937	Famciclovir	Recurrent moderate to severe genital herpes Episodic treatment Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				but need not delay treatment.	Code 5937
C5938	P5938	CN5938	Folinic acid	Megaloblastic anaemias The condition must be a result of folic acid deficiency from the use of folic acid antagonists.	
C5940	P5940	CN5940	Valaciclovir	Recurrent moderate to severe genital herpes Suppressive therapy Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5940
C5941	P5941	CN5941	Nitrazepam Temazepam	Insomnia Patient must be receiving this drug for the management of insomnia; AND Patient must be receiving long-term nursing care; AND Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult; AND Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.	Compliance with Authority Required procedures
C5942	P5942	CN5942	Aciclovir	Recurrent moderate to severe genital herpes Episodic treatment or suppressive therapy Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5942
C5943	P5943	CN5943	Famciclovir	Herpes zoster Patient must be immunocompromised; AND The treatment must be administered within 72 hours of the onset of the rash.	Compliance with Authority Required procedures - Streamlined Authority Code 5943
C5945	P5945	CN5945	Amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain	Eosinophilic oesophagitis Initial treatment for up to 3 months Must be treated by a clinical immunologist, suitably qualified allergist or	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides	gastroenterologist; AND Patient must require an amino acid based formula as a component of a dietary elimination program; Patient must be 18 years of age or less. Treatment with oral steroids should not be commenced during the period of initial treatment. Eosinophilic oesophagitis is demonstrated by the following criteria (i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and (ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and (iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The date of birth of the patient must be included in the authority application.	
C5947	P5947	CN5947	Famciclovir	Recurrent moderate to severe oral or labial herpes Episodic treatment Patient must have HIV infection; AND Patient must have a CD4 cell count of less than 500 million per litre. Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5947
C5948	P5948	CN5948	Famciclovir	Recurrent moderate to severe oral or labial herpes Suppressive therapy Patient must have HIV infection; AND Patient must have CD4 cell counts of less than 150 million per litre. Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5948

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5949	P5949	CN5949	Famciclovir	Recurrent moderate to severe oral or labial herpes Suppressive therapy Patient must have HIV infection; AND Patient must present with other opportunistic infections or AIDS defining tumours. Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5949
C5950	P5950	CN5950	Nitrazepam Temazepam	Insomnia Patient must be receiving this drug for the management of insomnia; AND Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility; AND Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.	Compliance with Authority Required procedures
C5951	P5951	CN5951	Famciclovir	Herpes zoster The treatment must be administered within 72 hours of the onset of the rash.	Compliance with Authority Required procedures - Streamlined Authority Code 5951
C5954	P5954	CN5954	Famciclovir	Recurrent moderate to severe genital herpes Episodic treatment or suppressive therapy Patient must be immunocompromised. Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5954
C5959	P5959	CN5959	Aciclovir	Herpes zoster ophthalmicus	Compliance with Authority Required procedures - Streamlined Authority Code 5959

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C5960	P5960	CN5960	Valaciclovir	Initial moderate to severe genital herpes Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5960
C5961	P5961	CN5961	Valaciclovir	Recurrent moderate to severe genital herpes Episodic treatment Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5961
C5962	P5962	CN5962	Valaciclovir	Herpes zoster The treatment must be administered within 72 hours of the onset of the rash.	Compliance with Authority Required procedures - Streamlined Authority Code 5962
C5964	P5964	CN5964	Aciclovir	Herpes simplex keratitis	
C5965	P5965	CN5965	Aciclovir	Herpes simplex keratitis	
C5967	P5967	CN5967	Aciclovir	Herpes zoster The treatment must be administered within 72 hours of the onset of the rash.	Compliance with Authority Required procedures - Streamlined Authority Code 5967
C5968	P5968	CN5968	Valaciclovir	Herpes zoster ophthalmicus	Compliance with Authority Required procedures - Streamlined Authority Code 5968
C5969	P5969	CN5969	Sofosbuvir with velpatasvir	Chronic hepatitis C infection	Compliance with

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C; AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status; AND The treatment must be limited to a maximum duration of 12 weeks.	Authority Required procedures
C5970	P5970	CN5970	Amino acid formula with fat, carbohydrate without phenylalanine Amino acid formula with fat, carbohydrate, vitamins and minerals without phenylalanine Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine Protein formula with amino acids, carbohydrates, vitamins and minerals without phenylalanine, and supplemented with docosahexaenoic acid	Phenylketonuria	
C5971	P5971	CN5971	Famciclovir	Recurrent moderate to severe genital herpes Suppressive therapy Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.	Compliance with Authority Required procedures - Streamlined Authority Code 5971
C5973	P5973	CN5973	Folinic acid	Megaloblastic anaemias The condition must be a result of folic acid deficiency from the use of folic acid antagonists.	
C5974	P5974	CN5974	Amino acid formula with fat, carbohydrate, vitamins, minerals, trace	Eosinophilic oesophagitis	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			elements and medium chain triglycerides Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides	Continuing treatment Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist; AND Patient must have responded to an initial course of PBS-subsidised treatment; Patient must be 18 years of age or less. Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.	procedures
C5975	P5975	CN5975	Valaciclovir	Cytomegalovirus infection and disease Prophylaxis Patient must have undergone a renal transplant; AND Patient must be at risk of cytomegalovirus disease.	Compliance with Authority Required procedures - Streamlined Authority Code 5975
C5981	P5981	CN5981	Atovaquone with proguanil	Confirmed or suspected Plasmodium falciparum malaria Patient must be aged 3 years or older; The treatment must be used where quinine containing regimens are inappropriate.	
C5984	P5984	CN5984	Citrulline	Urea cycle disorders The treatment must be for preventing low plasma arginine levels. or The treatment must be for preventing low citrulline levels.	
C5986	P5986	CN5986	Amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine	Propionic acidaemia	
C5989	P5989	CN5989	Fluconazole	Oesophageal candidiasis Patient must be immunosuppressed.	Compliance with Authority Required procedures -

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Streamlined Authority Code 5989
C5995	P5995	CN5995	Minocycline	Severe acne The condition must not be responding to other tetracyclines.	
C5997	P5997	CN5997	Arsenic	Acute promyelocytic leukaemia The condition must be characterised by the presence of the t(15: 17) translocation or PML/RAR-alpha fusion gene transcript.	Compliance with Authority Required procedures - Streamlined Authority Code 5997
C5999	P5999	CN5999	Artemether with lumefantrine	Confirmed or suspected Plasmodium falciparum malaria	
C6007	P6007	CN6007	Amino acid formula with vitamins and minerals without lysine and low in tryptophan	Proven glutaric aciduria type 1	
C6013	P6013	CN6013	Dabrafenib Encorafenib Vemurafenib	Unresectable Stage III or Stage IV malignant melanoma Continuing treatment Patient must have previously been issued with an authority prescription for this drug; AND Patient must have stable or responding disease.	Compliance with Authority Required procedures - Streamlined Authority Code 6013
C6018	P6018	CN6018	Arsenic	Acute promyelocytic leukaemia Induction and consolidation treatment The condition must be characterised by the presence of the t(15: 17) translocation or PML/RAR-alpha fusion gene transcript.	Compliance with Authority Required procedures - Streamlined Authority Code 6018
C6023	P6023	CN6023	Fluconazole	Oropharyngeal candidiasis Patient must be immunosuppressed.	Compliance with Authority Required procedures - Streamlined Authority Code 6023

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6026	P6026	CN6026	Fentanyl	Breakthrough pain Initial treatment for dose titration Patient must have cancer; AND Patient must have pain directly attributable to cancer; AND Patient must be assessed as receiving adequate management of their persistent pain with opioids; AND Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; or The treatment must be used as short acting opioids are considered clinically inappropriate; or Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain; AND Patient must be undergoing palliative care.	Compliance with Authority Required procedures
C6027	P6027	CN6027	Fentanyl	Breakthrough pain Continuing treatment Patient must have cancer; AND Patient must have pain directly attributable to cancer; AND Patient must be assessed as receiving adequate management of their persistent pain with opioids; AND Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; or The treatment must be used as short acting opioids are considered clinically inappropriate; or Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain; AND Patient must be undergoing palliative care.	Compliance with Authority Required procedures
C6030	P6030	CN6030	Fluconazole	Oropharyngeal candidiasis The treatment must be for prophylaxis; AND	Compliance with Authority Required procedures -

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must be immunosuppressed.	Streamlined Authority Code 6030
C6031	P6031	CN6031	Fluconazole	Oropharyngeal candidiasis Patient must be immunosuppressed; AND Patient must be unable to take a solid dose form of fluconazole.	Compliance with Authority Required procedures - Streamlined Authority Code 6031
C6032	P6032	CN6032	Fluconazole	Oropharyngeal candidiasis The treatment must be for prophylaxis; AND Patient must be immunosuppressed; AND Patient must be unable to take a solid dose form of fluconazole.	Compliance with Authority Required procedures - Streamlined Authority Code 6032
C6038	P6038	CN6038	Amino acid formula with vitamins and minerals without methionine	Pyridoxine non-responsive homocystinuria	
C6046	P6046	CN6046	Fluconazole	Oesophageal candidiasis Patient must be immunosuppressed; AND Patient must be unable to take a solid dose form of fluconazole.	Compliance with Authority Required procedures - Streamlined Authority Code 6046
C6055	P6055	CN6055	Amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine	Methylmalonic acidaemia	
C6056	P6056	CN6056	Carmustine	Glioblastoma multiforme The condition must be suspected or confirmed at the time of initial surgery.	
C6080	P6080	CN6080	Prednisolone with phenylephrine	Corneal grafts	
C6084	P6084	CN6084	Metoclopramide	Nausea or gastric stasis Patient must be receiving palliative care.	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Streamlined Authority Code 6084
C6087	P6087	CN6087	Prednisolone with phenylephrine	Uveitis	
C6101	P6101	CN6101	Prednisolone with phenylephrine	Uveitis	
C6106	P6106	CN6106	Paclitaxel, nanoparticle albumin-bound	Metastatic breast cancer	Compliance with Authority Required procedures - Streamlined Authority Code 6106
C6118	P6118	CN6118	Esomeprazole and clarithromycin and amoxicillin	Eradication of Helicobacter pylori The condition must be associated with peptic ulcer disease.	
C6119	P6119	CN6119	Paclitaxel, nanoparticle albumin-bound	HER2 positive breast cancer	Compliance with Authority Required procedures - Streamlined Authority Code 6119
C6133	P6133	CN6133	Fusidic acid	Osteomyelitis The condition must be methicillin-resistant staphylococcal aureus (MRSA); AND The treatment must be used in combination with other anti-staphylococcal antibiotics.	Compliance with Authority Required procedures - Streamlined Authority Code 6133
C6134	P6134	CN6134	Triglycerides, medium chain	Chylothorax	Compliance with Authority Required procedures - Streamlined Authority Code 6134
C6135	P6135	CN6135	Triglycerides, medium chain	Cerebrospinal fluid glucose transporter defect	Compliance with

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must require a ketogenic diet.	Authority Required procedures - Streamlined Authority Code 6135
C6137	P6137	CN6137	Protein hydrolysate formula with medium chain triglycerides	Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein Initial treatment for up to 6 months Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist; Patient must be up to the age of 24 months. The name of the specialist must be documented in the patient's medical records	Compliance with Authority Required procedures - Streamlined Authority Code 6137
C6138	P6138	CN6138	Protein hydrolysate formula with medium chain triglycerides	Severe intestinal malabsorption including short bowel syndrome	Compliance with Authority Required procedures - Streamlined Authority Code 6138
C6139	P6139	CN6139	Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Constipation Patient must be receiving palliative care.	
C6141	P6141	CN6141	Arachidonic acid and docosahexaenoic acid with carbohydrate	Peroxisomal biogenesis disorders	
C6146	P6146	CN6146	Triglycerides, medium chain	Long chain fatty acid oxidation disorders	Compliance with Authority Required procedures - Streamlined Authority Code 6146

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6148	P6148	CN6148	Protein hydrolysate formula with medium chain triglycerides	Severe diarrhoea of greater than 2 weeks duration Patient must be aged less than 4 months.	Compliance with Authority Required procedures - Streamlined Authority Code 6148
C6149	P6149	CN6149	Ibuprofen Indometacin Naproxen	Severe pain Patient must be receiving palliative care.	
C6150	P6150	CN6150	Naproxen	Severe pain Patient must be undergoing palliative care; AND Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.	
C6152	P6152	CN6152	Vitamins, minerals and trace elements with carbohydrate	Dietary management of conditions requiring a highly restrictive therapeutic diet Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet; AND Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations; Patient must be an infant or a child.	
C6155	P6155	CN6155	Triglycerides, medium chain	Intractable childhood epilepsy Patient must require a ketogenic diet.	Compliance with Authority Required procedures - Streamlined Authority Code 6155
C6157	P6157	CN6157	Protein hydrolysate formula with medium chain triglycerides	Chronic liver failure with fat malabsorption	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 6157
C6158	P6158	CN6158	Protein hydrolysate formula with medium chain triglycerides	Enterokinase deficiency	Compliance with Authority Required procedures - Streamlined Authority Code 6158
C6159	P6159	CN6159	Vitamins, minerals and trace elements with carbohydrate	Dietary management of conditions requiring a highly restrictive therapeutic diet Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet; AND Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations; Patient must be aged 3 years or older.	
C6160	P6160	CN6160	Erythromycin	Severe acne The condition must be one in which tetracycline therapy is inappropriate.	Compliance with Authority Required procedures - Streamlined Authority Code 6160
C6163	P6163	CN6163	Trimethoprim	Prostatitis	
C6164	P6164	CN6164	Triglycerides, medium chain	Fat malabsorption The condition must be due to liver disease. or The condition must be due to short gut syndrome. or The condition must be due to cystic fibrosis. or The condition must be due to gastrointestinal disorders.	Compliance with Authority Required procedures - Streamlined Authority Code 6164
C6166	P6166	CN6166	Protein hydrolysate formula with medium chain triglycerides	Proven fat malabsorption	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 6166
C6167	P6167	CN6167	Paracetamol	Analgesia or fever Patient must be receiving palliative care; AND Patient must be intolerant to alternative therapy.	
C6168	P6168	CN6168	Morphine	Severe disabling pain Patient must be receiving palliative care; AND The condition must be unresponsive to non-opioid analgesics.	Compliance with Authority Required procedures
C6170	P6170	CN6170	Macrogol 3350	Constipation Patient must be receiving palliative care.	Compliance with Authority Required procedures - Streamlined Authority Code 6170
C6171	P6171	CN6171	Macrogol 3350	Constipation Patient must be receiving palliative care.	Compliance with Authority Required procedures - Streamlined Authority Code 6171
C6172	P6172	CN6172	Carbomer Carmellose Hyaluronic acid Hypromellose Paraffin Perfluorohexyloctane Polyethylene glycol 400 with propylene glycol	Severe dry eye syndrome Patient must be sensitive to preservatives in multi-dose eye drops.	Compliance with Authority Required procedures - Streamlined Authority Code 6172

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Soy lecithin		
C6174	P6174	CN6174	Protein hydrolysate formula with medium chain triglycerides	Cows' milk protein enteropathy and intolerance to soy protein Initial treatment Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist; AND The condition must not be isolated infant colic or reflux; AND Patient must have failed to respond to a strict soy-based cows' milk protein free diet; Patient must be up to the age of 24 months.	Compliance with Authority Required procedures - Streamlined Authority Code 6174
C6175	P6175	CN6175	Nitrazepam Temazepam	Insomnia Patient must be receiving palliative care.	Compliance with Authority Required procedures
C6176	P6176	CN6176	Diazepam Oxazepam	Anxiety Patient must be receiving palliative care.	Compliance with Authority Required procedures
C6180	P6180	CN6180	Methylnaltrexone	Opioid-induced constipation The treatment must be in combination with oral laxatives; AND Patient must be receiving palliative care; AND Patient must have failed to respond to laxatives.	Compliance with Authority Required procedures - Streamlined Authority Code 6180
C6181	P6181	CN6181	Triglycerides, medium chain	Chylous ascites	Compliance with Authority Required procedures - Streamlined Authority Code 6181

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6182	P6182	CN6182	Protein hydrolysate formula with medium chain triglycerides	Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein Continuing treatment Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist; Patient must be up to the age of 24 months. The name of the specialist must be documented in the patient's medical records	Compliance with Authority Required procedures - Streamlined Authority Code 6182
C6188	P6188	CN6188	Dicloxacillin	Osteomyelitis	Compliance with Authority Required procedures - Streamlined Authority Code 6188
C6189	P6189	CN6189	Dutasteride with tamsulosin	Benign prostatic hyperplasia Patient must have lower urinary tract symptoms; AND Patient must have moderate to severe benign prostatic hyperplasia.	Compliance with Authority Required procedures - Streamlined Authority Code 6189
C6190	P6190	CN6190	Whey protein formula supplemented with amino acids, long chain polyunsaturated fatty acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose Whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose	Chronic renal failure Patient must be an infant or a young child; Patient must require treatment with a low protein and a low phosphorus diet. or Patient must require treatment with a low protein, low phosphorus and low potassium diet.	Compliance with Authority Required procedures - Streamlined Authority Code 6190
C6193	P6193	CN6193	Protein hydrolysate formula with medium chain triglycerides	Cows' milk protein enteropathy and intolerance to soy protein Continuing treatment Must be treated by a specialist allergist, clinical immunologist, specialist	Compliance with Authority Required procedures -

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist; AND The condition must not be isolated infant colic or reflux; AND Patient must have demonstrated a clinical improvement with the protein hydrolysate formula with medium chain triglycerides; Patient must be up to the age of 24 months.	Streamlined Authority Code 6193
C6194	P6194	CN6194	Protein hydrolysate formula with medium chain triglycerides	Biliary atresia	Compliance with Authority Required procedures - Streamlined Authority Code 6194
C6195	P6195	CN6195	Protein hydrolysate formula with medium chain triglycerides	Cystic fibrosis	Compliance with Authority Required procedures - Streamlined Authority Code 6195
C6196	P6196	CN6196	Naproxen	Severe pain Patient must be receiving palliative care.	
C6197	P6197	CN6197	Benzydamine	Painful mouth Patient must be receiving palliative care.	Compliance with Authority Required procedures - Streamlined Authority Code 6197
C6200	P6200	CN6200	Doxycycline	Severe acne	
C6201	P6201	CN6201	Trimethoprim with sulfamethoxazole	Prophylaxis of Pneumocystis jiroveci pneumonia	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Streamlined Authority Code 6201
C6202	P6202	CN6202	Dutasteride	Benign prostatic hyperplasia Patient must have lower urinary tract symptoms; AND Patient must have moderate to severe benign prostatic hyperplasia; AND The treatment must be in combination with an alpha-antagonist.	Compliance with Authority Required procedures - Streamlined Authority Code 6202
C6203	P6203	CN6203	Triglycerides, medium chain	Hyperlipoproteinaemia type 1	Compliance with Authority Required procedures - Streamlined Authority Code 6203
C6204	P6204	CN6204	Protein hydrolysate formula with medium chain triglycerides	Cows' milk protein enteropathy and intolerance to soy protein Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist; AND The condition must not be isolated infant colic or reflux; AND Patient must have failed to respond to a strict soy-based cows' milk protein free diet; Patient must be older than 24 months of age. The name of the specialist must be documented in the patient's medical records	Compliance with Authority Required procedures - Streamlined Authority Code 6204
C6205	P6205	CN6205	Protein hydrolysate formula with medium chain triglycerides	Chylous ascites	Compliance with Authority Required procedures - Streamlined Authority Code 6205
C6207	P6207	CN6207	Hyoscine	For use in patients receiving palliative care	Compliance with Authority Required procedures -

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Streamlined Authority Code 6207
C6208	P6208	CN6208	Milk powder -- synthetic	Hypercalcaemia Patient must be under the age of 4 years.	
C6209	P6209	CN6209	Betamethasone Methylprednisolone Triamcinolone	Local intra-articular or peri-articular infiltration	
C6210	P6210	CN6210	Betamethasone Triamcinolone	Keloid	
C6211	P6211	CN6211	Betamethasone Triamcinolone	Chronic discoid lupus erythematosus	
C6212	P6212	CN6212	Betamethasone	Uveitis	
C6213	P6213	CN6213	Mefenamic acid	Menorrhagia	
C6214	P6214	CN6214	Ibuprofen Indometacin Naproxen Piroxicam	Chronic arthropathies (including osteoarthritis) The condition must have an inflammatory component.	
C6217	P6217	CN6217	Oxazepam	Malignant neoplasia (late stage)	Compliance with Authority Required procedures
C6218	P6218	CN6218	Betamethasone	Corticosteroid-responsive dermatoses The condition must cover 40-60% of the patient's body surface area.	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Methylprednisolone Mometasone		procedures - Streamlined Authority Code 6218
C6221	P6221	CN6221	Clomifene	Anovulatory infertility	
C6222	P6222	CN6222	Interferon gamma-1b	Chronic granulomatous disease Patient must have frequent and severe infections despite adequate prophylaxis with antimicrobial agents.	Compliance with Authority Required procedures - Streamlined Authority Code 6222
C6224	P6224	CN6224	Bleomycin	Lymphoma	
C6225	P6225	CN6225	Paracetamol	Analgesia or fever Patient must be receiving palliative care; AND Patient must be intolerant to alternative therapy.	
C6229	P6229	CN6229	Mefenamic acid	Dysmenorrhoea	
C6230	P6230	CN6230	Oxazepam	Anxiety Patient must be receiving this drug for the management of anxiety; AND Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility; AND Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.	Compliance with Authority Required procedures
C6231	P6231	CN6231	Betamethasone Methylprednisolone Mometasone	Corticosteroid-responsive dermatoses The condition must cover >80% of the patient's body surface area.	Compliance with Authority Required procedures - Streamlined Authority Code 6231
C6232	P6232	CN6232	Betamethasone	Corticosteroid-responsive dermatoses The condition must cover 10-20% of the patient's body surface area.	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Methylprednisolone Mometasone		procedures - Streamlined Authority Code 6232
C6234	P6234	CN6234	Doxorubicin - pegylated liposomal	Kaposi sarcoma The condition must be AIDS-related; AND Patient must have a CD4 cell count of less than 200 per cubic millimetre; AND The condition must include extensive mucocutaneous involvement.	Compliance with Authority Required procedures - Streamlined Authority Code 6234
C6235	P6235	CN6235	Nortriptyline	Major depression The treatment must be for use when other anti-depressant therapy has failed.	
C6236	P6236	CN6236	Phenelzine	Depression The treatment must be for when all other anti-depressant therapy has failed. or The treatment must be for when all other anti-depressant therapy is inappropriate.	
C6237	P6237	CN6237	Betamethasone Triamcinolone	Keloid	
C6240	P6240	CN6240	Clomifene	Patients undergoing in-vitro fertilisation	
C6241	P6241	CN6241	Oxybutynin Propantheline	Detrusor overactivity	
C6243	P6243	CN6243	Oxybutynin	Detrusor overactivity Patient must be unable to tolerate oral oxybutynin. or Patient must be unable to swallow oral oxybutynin.	
C6244	P6244	CN6244	Medroxyprogesterone	Endometriosis	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6246	P6246	CN6246	Betamethasone Methylprednisolone Mometasone	Corticosteroid-responsive dermatoses The condition must cover 20-40% of the patient's body surface area.	Compliance with Authority Required procedures - Streamlined Authority Code 6246
C6247	P6247	CN6247	Idarubicin	Acute myelogenous leukaemia (AML)	
C6250	P6250	CN6250	Clomipramine	Cataplexy The condition must be associated with narcolepsy.	
C6251	P6251	CN6251	Clomipramine	Obsessive-compulsive disorder	
C6252	P6252	CN6252	Hydrocortisone	For use in a hospital	
C6253	P6253	CN6253	Betamethasone Triamcinolone	Alopecia areata	
C6254	P6254	CN6254	Betamethasone Triamcinolone	Granulomata The condition must be dermal.	
C6255	P6255	CN6255	Betamethasone Triamcinolone	Lichen simplex chronicus	
C6256	P6256	CN6256	Ibuprofen Indometacin Naproxen	Bone pain The condition must be due to malignant disease.	
C6257	P6257	CN6257	Follitropin alfa Follitropin beta	Anovulatory infertility	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6262	P6262	CN6262	Oxazepam	Anxiety Patient must be receiving this drug for the management of anxiety; AND Patient must be receiving long-term nursing care; AND Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult; AND Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.	Compliance with Authority Required procedures
C6263	P6263	CN6263	Betamethasone Methylprednisolone Mometasone	Corticosteroid-responsive dermatoses The condition must cover 60-80% of the patient's body surface area.	Compliance with Authority Required procedures - Streamlined Authority Code 6263
C6265	P6265	CN6265	Cladribine	Hairy cell leukaemia	Compliance with Authority Required procedures - Streamlined Authority Code 6265
C6266	P6266	CN6266	Fluorouracil	Patients requiring administration of fluorouracil by intravenous infusion	
C6268	P6268	CN6268	Betamethasone Triamcinolone	Local intra-articular or peri-articular infiltration	
C6269	P6269	CN6269	Betamethasone Triamcinolone	Necrobiosis lipoidica	
C6273	P6273	CN6273	Methylprednisolone	Local intra-articular or peri-articular infiltration	
C6274	P6274	CN6274	Doxorubicin - pegylated liposomal	Kaposi sarcoma The condition must be AIDS-related; AND Patient must have a CD4 cell count of less than 200 per cubic millimetre;	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				AND The condition must include extensive visceral involvement.	Code 6274
C6275	P6275	CN6275	Bleomycin	Germ cell neoplasms	
C6276	P6276	CN6276	Methotrexate	Patients receiving treatment with a high dose regimen	
C6277	P6277	CN6277	Fluoxetine Fluvoxamine Paroxetine Sertraline	Obsessive-compulsive disorder	
C6278	P6278	CN6278	Mianserin	Severe depression	
C6280	P6280	CN6280	Paracetamol	Persistent pain The condition must be associated with osteoarthritis; Patient must identify as Aboriginal or Torres Strait Islander.	
C6281	P6281	CN6281	Betamethasone Triamcinolone	Lichen planus hypertrophic	
C6282	P6282	CN6282	Ibuprofen Indometacin Naproxen	Chronic arthropathies (including osteoarthritis) The condition must have an inflammatory component.	
C6283	P6283	CN6283	Ibuprofen Indometacin Naproxen	Bone pain The condition must be due to malignant disease.	
C6287	P6287	CN6287	Triamcinolone	Psoriasis	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6289	P6289	CN6289	Sertraline	Panic disorder The treatment must be for use when other treatments have failed. or The treatment must be for use when other treatments are inappropriate.	
C6291	P6291	CN6291	Betamethasone Triamcinolone	Lichen planus hypertrophic	
C6294	P6294	CN6294	Darbepoetin alfa Epoetin alfa Epoetin beta Epoetin lambda Methoxy polyethylene glycol-epoetin beta	Anaemia associated with intrinsic renal disease Patient must require transfusion; AND Patient must have a haemoglobin level of less than 100 g per L; AND Patient must have intrinsic renal disease, as assessed by a nephrologist.	Compliance with Authority Required procedures - Streamlined Authority Code 6294
C6297	P6297	CN6297	Fluorouracil	Patients requiring administration of fluorouracil by intravenous injection	
C6299	P6299	CN6299	Clomipramine	Phobic disorders Patient must be an adult.	
C6300	P6300	CN6300	Nortriptyline	Major depression The treatment must be for use when other anti-depressant therapy is contraindicated.	
C6302	P6302	CN6302	Methylprednisolone	Eczema	
C6306	P6306	CN6306	Alendronic acid with colecalciferol	Corticosteroid-induced osteoporosis Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy; AND Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 6306

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	
C6307	P6307	CN6307	Alendronic acid with colecalciferol	Corticosteroid-induced osteoporosis Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy; AND Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 6307
C6308	P6308	CN6308	Zoledronic acid	Corticosteroid-induced osteoporosis Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy; AND Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition; AND Patient must not receive more than one PBS-subsidised treatment per year. The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 6308
C6310	P6310	CN6310	Alendronic acid Risedronic acid	Osteoporosis Patient must be aged 70 years or older; Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less; AND	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	
C6313	P6313	CN6313	Zoledronic acid	Osteoporosis Patient must be aged 70 years or older; Patient must have a Bone Mineral Density (BMD) T-score of -3.0 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition; AND Patient must not receive more than one PBS-subsidised treatment per year. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 6313
C6314	P6314	CN6314	Raloxifene	Established post-menopausal osteoporosis Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	Compliance with Authority Required procedures - Streamlined Authority Code 6314
C6315	P6315	CN6315	Alendronic acid with colecalciferol	Established osteoporosis Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	Code 6315
C6318	P6318	CN6318	Zoledronic acid	Established osteoporosis Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition; AND Patient must not receive more than one PBS-subsidised treatment per year. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	Compliance with Authority Required procedures - Streamlined Authority Code 6318
C6319	P6319	CN6319	Alendronic acid with colecalciferol	Established osteoporosis Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared	Compliance with Authority Required procedures - Streamlined Authority Code 6319

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				to the vertebral body above or below the affected vertebral body.	
C6320	P6320	CN6320	Alendronic acid with colecalciferol	Osteoporosis Patient must be aged 70 years or older; Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 6320
C6321	P6321	CN6321	Follitropin alfa Follitropin beta	Infertility The condition must be due to hypogonadotrophic hypogonadism; AND The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis; AND The treatment must be administered with human chorionic gonadotrophin.	
C6323	P6323	CN6323	Alendronic acid Risedronic acid	Corticosteroid-induced osteoporosis Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy; AND Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	
C6324	P6324	CN6324	Testosterone	Androgen deficiency Patient must not have an established pituitary or testicular disorder; AND The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs;	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must be aged 40 years or older; Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. Androgen deficiency is defined as (i) testosterone level of less than 6 nmol per litre; OR (ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher). Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings. The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated. The name of the specialist must be included in the authority application.	
C6325	P6325	CN6325	Alendronic acid with colecalciferol	Osteoporosis Patient must be aged 70 years or older; Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 6325
C6327	P6327	CN6327	Alendronic acid Risedronic acid	Established osteoporosis Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	
C6328	P6328	CN6328	Eprosartan	Drug interactions expected to occur with all of the base-priced drugs	Compliance with Authority Required procedures
C6329	P6329	CN6329	Eprosartan	Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance	Compliance with Authority Required procedures
C6331	P6331	CN6331	Ipratropium	Asthma Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.	
C6332	P6332	CN6332	Eprosartan	Drug interactions occurring with all of the base-priced drugs	Compliance with Authority Required procedures
C6340	P6340	CN6340	Budesonide	Severe chronic asthma Patient must require long-term steroid therapy; AND Patient must not be able to use other forms of inhaled steroid therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 6340
C6341	P6341	CN6341	Ipratropium	Chronic obstructive pulmonary disease (COPD) Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.	
C6343	P6343	CN6343	Loperamide	Diarrhoea	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					procedures
C6345	P6345	CN6345	Silver sulfadiazine	Stasis ulcers	
C6348	P6348	CN6348	Beclometasone	Asthma Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.	
C6350	P6350	CN6350	Rifabutin	Mycobacterium avium complex infection Patient must be human immunodeficiency virus (HIV) positive.	Compliance with Authority Required procedures - Streamlined Authority Code 6350
C6351	P6351	CN6351	Eprosartan	Adverse effects occurring with all of the base-priced drugs	Compliance with Authority Required procedures
C6352	P6352	CN6352	Tiotropium	Chronic obstructive pulmonary disease (COPD)	
C6355	P6355	CN6355	Formoterol Salmeterol	Asthma Patient must experience frequent episodes of the condition; AND Patient must be currently receiving treatment with oral corticosteroids. or Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.	
C6356	P6356	CN6356	Azithromycin Rifabutin	Mycobacterium avium complex infection The treatment must be for prophylaxis; AND Patient must be human immunodeficiency virus (HIV) positive; AND Patient must have CD4 cell counts of less than 75 per cubic millimetre.	Compliance with Authority Required procedures - Streamlined Authority Code 6356
C6359	P6359	CN6359	Dantrolene	Chronic spasticity	
C6362	P6362	CN6362	Silver sulfadiazine	Infection	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Prevention and treatment The condition must be in partial or full skin thickness loss due to burns. or The condition must be in partial or full skin thickness loss due to epidermolysis bullosa.	
C6364	P6364	CN6364	Loperamide	Diarrhoea Patient must identify as Aboriginal or Torres Strait Islander.	Compliance with Authority Required procedures - Streamlined Authority Code 6364
C6366	P6366	CN6366	Indacaterol	Chronic obstructive pulmonary disease (COPD)	
C6367	P6367	CN6367	Salbutamol	Bronchospasm Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.	
C6368	P6368	CN6368	Naproxen	Chronic arthropathies (including osteoarthritis) The condition must have an inflammatory component.	
C6369	P6369	CN6369	Octreotide	Vasoactive intestinal peptide secreting tumour (VIPoma) The condition must be causing intractable symptoms; AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents; AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 6369
C6370	P6370	CN6370	Aprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle; AND Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.	procedures - Streamlined Authority Code 6370
C6377	P6377	CN6377	Darunavir with cobicistat	Human immunodeficiency virus (HIV) infection The treatment must be in addition to optimised background therapy; AND The treatment must be in combination with other antiretroviral agents; AND The treatment must not be in combination with ritonavir; AND Patient must have experienced virological failure or clinical failure or genotypic resistance after at least one antiretroviral regimen. Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.	Compliance with Authority Required procedures - Streamlined Authority Code 6377
C6383	P6383	CN6383	Aprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle; AND Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with aprepitant on	Compliance with Authority Required procedures - Streamlined Authority Code 6383

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				days 2 and 3 of any chemotherapy cycle.	
C6387	P6387	CN6387	Naproxen	Bone pain The condition must be due to malignant disease.	
C6390	P6390	CN6390	Octreotide	Functional carcinoid tumour The condition must be causing intractable symptoms; AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents; AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 6390
C6394	P6394	CN6394	Desferrioxamine	Disorders of erythropoiesis The condition must be associated with treatment-related chronic iron overload.	Compliance with Authority Required procedures - Streamlined Authority Code 6394
C6395	P6395	CN6395	Terbinafine	Onychomycosis The condition must be proximal or extensive (greater than 80% nail involvement); AND Patient must have failed to respond to topical treatment; AND The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider. or The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider. The date of the pathology report must be provided at the time of application and must not be more than 12 months old	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6403	P6403	CN6403	Deferiprone	Iron overload Patient must have thalassaemia major; AND Patient must be one in whom desferrioxamine therapy has proven ineffective.	Compliance with Authority Required procedures - Streamlined Authority Code 6403
C6404	P6404	CN6404	Terbinafine	Dermatophyte infection Patient must have failed to respond to topical treatment; Patient must be an Aboriginal or a Torres Strait Islander person.	Compliance with Authority Required procedures
C6409	P6409	CN6409	Leuprorelin Triptorelin	Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate	
C6412	P6412	CN6412	Terbinafine	Fungal or yeast infection The condition must be fungal; or The condition must be due to yeast; Patient must be 18 years of age or less.	Compliance with Authority Required procedures - Streamlined Authority Code 6412
C6413	P6413	CN6413	Darunavir with cobicistat	Human immunodeficiency virus (HIV) infection Initial treatment Patient must be antiretroviral treatment naive; AND The treatment must be in combination with other antiretroviral agents; AND The treatment must not be in combination with ritonavir.	Compliance with Authority Required procedures - Streamlined Authority Code 6413
C6428	P6428	CN6428	Darunavir with cobicistat	Human immunodeficiency virus (HIV) infection Continuing treatment Patient must have previously received PBS-subsidised therapy for HIV infection; AND The treatment must be in combination with other antiretroviral agents; AND The treatment must not be in combination with ritonavir.	Compliance with Authority Required procedures - Streamlined Authority Code 6428
C6434	P6434	CN6434	Miconazole	Fungal or yeast infection	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Terbinafine	Patient must be an Aboriginal or a Torres Strait Islander person.	procedures - Streamlined Authority Code 6434
C6444	P6444	CN6444	Aprepitant	Nausea and vomiting The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle; AND Patient must have had a prior episode of chemotherapy induced nausea or vomiting; AND Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.	Compliance with Authority Required procedures - Streamlined Authority Code 6444
C6448	P6448	CN6448	Deferiprone	Iron overload Patient must have thalassaemia major; AND Patient must be unable to take desferrioxamine therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 6448
C6453	P6453	CN6453	Terbinafine	Dermatophyte infection Patient must have failed to respond to topical treatment; AND Patient must have failed to respond to griseofulvin; Patient must be 18 years of age or less.	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6463	P6463	CN6463	Naproxen	Chronic arthropathies (including osteoarthritis) The condition must have an inflammatory component.	
C6464	P6464	CN6464	Aprepitant	Nausea and vomiting The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle; AND Patient must have had a prior episode of chemotherapy induced nausea or vomiting; AND Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.	Compliance with Authority Required procedures - Streamlined Authority Code 6464
C6471	P6471	CN6471	Naproxen	Bone pain The condition must be due to malignant disease.	
C6475	P6475	CN6475	Liothyronine	Hypothyroidism The condition must be severe hypothyroidism; AND The treatment must be for initiation of therapy only.	Compliance with Authority Required procedures - Streamlined Authority Code 6475
C6517	P6517	CN6517	Nafarelin	Endometriosis Subsequent treatment, for up to 6 months	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The condition must be visually proven; AND The treatment must not be within 2 years of the end of the previous course of treatment with this drug; AND Patient must have had a recent bone density assessment. The date of the bone density assessment must be recorded in the patient's medical records.	
C6524	P6524	CN6524	Denosumab	Established osteoporosis Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	Compliance with Authority Required procedures - Streamlined Authority Code 6524
C6548	P6548	CN6548	Denosumab	Osteoporosis Patient must be aged 70 years or older; Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 6548
C6552	P6552	CN6552	Nafarelin	Endometriosis Initial treatment, for up to 6 months The condition must be visually proven.	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6562	P6562	CN6562	Ipilimumab	Unresectable Stage III or Stage IV malignant melanoma Induction treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must not have received prior treatment with ipilimumab; AND The treatment must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 6562
C6578	P6578	CN6578	Lenvatinib	Locally advanced or metastatic differentiated thyroid cancer Continuing treatment The condition must be refractory to radioactive iodine; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST).	Compliance with Authority Required procedures - Streamlined Authority Code 6578
C6585	P6585	CN6585	Ipilimumab	Unresectable Stage III or Stage IV malignant melanoma Re-induction treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have progressive disease after achieving an initial objective response to the most recent course of ipilimumab treatment (induction or re-induction); AND The treatment must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. An initial objective response to treatment is defined as either (i) sustained stable disease of greater than or equal to 3 months duration measured from at least 2 weeks after the date of completion of the most	Compliance with Authority Required procedures - Streamlined Authority Code 6585

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				recent course of ipilimumab; or (ii) a partial or complete response. The patient's body weight must be documented in the patient's medical records at the time treatment with ipilimumab is initiated.	
C6621	P6621	CN6621	Filgrastim	Severe chronic neutropenia Patient must have an absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; or Patient must have neutrophil dysfunction; AND Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months. or Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.	Compliance with Authority Required procedures - Streamlined Authority Code 6621
C6628	P6628	CN6628	Ciclosporin	Management of transplant rejection The treatment must be used by organ or tissue transplant recipients.	Compliance with Authority Required procedures - Streamlined Authority Code 6628
C6631	P6631	CN6631	Ciclosporin	Nephrotic syndrome Management (initiation, stabilisation and review of therapy) Patient must have failed prior treatment with steroids and cytostatic drugs; or Patient must be intolerant to treatment with steroids and cytostatic drugs; or The condition must be considered inappropriate for treatment with steroids and cytostatic drugs; AND Patient must not have renal impairment; AND Must be treated by a nephrologist.	Compliance with Authority Required procedures - Streamlined Authority Code 6631
C6636	P6636	CN6636	Paroxetine	Panic disorder	
C6638	P6638	CN6638	Ciclosporin	Severe active rheumatoid arthritis	Compliance with

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Management (initiation, stabilisation and review of therapy) The condition must have been ineffective to prior treatment with classical slow-acting anti-rheumatic agents (including methotrexate); or The condition must be considered inappropriate for treatment with slow-acting anti-rheumatic agents (including methotrexate); AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist.	Authority Required procedures - Streamlined Authority Code 6638
C6640	P6640	CN6640	Filgrastim	Chronic cyclical neutropenia Patient must have an absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles; AND Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics. or Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.	Compliance with Authority Required procedures - Streamlined Authority Code 6640
C6643	P6643	CN6643	Ciclosporin	Management of transplant rejection Management (initiation, stabilisation and review of therapy) Patient must have had an organ or tissue transplantation; AND The treatment must be under the supervision and direction of a transplant unit.	Compliance with Authority Required procedures - Streamlined Authority Code 6643
C6647	P6647	CN6647	Mupirocin	Staphylococcus aureus infection Patient must have nasal colonisation with the bacteria; Patient must be an Aboriginal or a Torres Strait Islander person.	Compliance with Authority Required procedures - Streamlined Authority Code 6647
C6653	P6653	CN6653	Filgrastim	Mobilisation of peripheral blood progenitor cells The treatment must be to facilitate harvest of peripheral blood progenitor cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 6653

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6654	P6654	CN6654	Filgrastim	Mobilisation of peripheral blood progenitor cells The treatment must be in a normal volunteer for use in allogeneic transplantation.	Compliance with Authority Required procedures - Streamlined Authority Code 6654
C6655	P6655	CN6655	Filgrastim	Assisting autologous peripheral blood progenitor cell transplantation The treatment must be following marrow-ablative chemotherapy for non-myeloid malignancy prior to the transplantation.	Compliance with Authority Required procedures - Streamlined Authority Code 6655
C6658	P6658	CN6658	Milk protein and fat formula with vitamins and minerals -- carbohydrate free Soy protein and fat formula with vitamins and minerals -- carbohydrate free	Ketogenic diet Patient must have intractable seizures requiring treatment with a ketogenic diet. or Patient must have a glucose transport protein defect. or Patient must have pyruvate dehydrogenase deficiency. or Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.	
C6660	P6660	CN6660	Ciclosporin	Severe atopic dermatitis Management (initiation, stabilisation and review of therapy) Must be treated by a dermatologist; or Must be treated by a clinical immunologist; AND The condition must be ineffective to other systemic therapies. or The condition must be inappropriate for other systemic therapies.	Compliance with Authority Required procedures - Streamlined Authority Code 6660
C6666	P6666	CN6666	Montelukast	Asthma First-line prevention Patient must be aged 2 to 5 years inclusive; The condition must be frequent intermittent; or The condition must be mild persistent; AND The treatment must be the single preventer agent; AND	Compliance with Authority Required procedures - Streamlined Authority Code 6666

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be an alternative to sodium cromoglycate. or The treatment must be an alternative to nedocromil sodium.	
C6674	P6674	CN6674	Montelukast	Asthma First-line prevention The condition must be frequent intermittent; or The condition must be mild persistent; AND The treatment must be the single preventer agent; AND The treatment must be an alternative to sodium cromoglycate; or The treatment must be an alternative to nedocromil sodium; Patient must be aged 6 to 14 years inclusive.	Compliance with Authority Required procedures - Streamlined Authority Code 6674
C6679	P6679	CN6679	Filgrastim	Assisting bone marrow transplantation Patient must be receiving marrow-ablative chemotherapy prior to the transplantation.	Compliance with Authority Required procedures - Streamlined Authority Code 6679
C6680	P6680	CN6680	Filgrastim	Severe congenital neutropenia Patient must have an absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; AND Patient must have had a bone marrow examination that has shown evidence of maturational arrest of the neutrophil lineage.	Compliance with Authority Required procedures - Streamlined Authority Code 6680
C6683	P6683	CN6683	Citrulline with carbohydrate	Urea cycle disorders The treatment must be for preventing low plasma arginine levels. or The treatment must be for preventing low citrulline levels.	
C6696	P6696	CN6696	Ixekizumab Risankizumab Secukinumab	Severe chronic plaque psoriasis Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				treatment; or Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; AND The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions; AND The treatment must be as systemic monotherapy (other than methotrexate); AND Must be treated by a dermatologist.	
C6706	P6706	CN6706	Bromocriptine	Pathological hyperprolactinaemia Patient must have had surgery for this condition with incomplete resolution.	
C6707	P6707	CN6707	Bromocriptine	Pathological hyperprolactinaemia Patient must be one in whom radiotherapy is not indicated.	
C6717	P6717	CN6717	Bromocriptine	Acromegaly	
C6718	P6718	CN6718	Bromocriptine	Parkinson disease	
C6719	P6719	CN6719	Bromocriptine	Pathological hyperprolactinaemia Patient must have had radiotherapy for this condition with incomplete resolution.	
C6752	P6752	CN6752	Trametinib	Unresectable Stage III or Stage IV malignant melanoma Continuing treatment Patient must have previously been issued with an authority prescription for this drug; AND Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition; AND Patient must have stable or responding disease.	Compliance with Authority Required procedures - Streamlined Authority Code 6752
C6773	P6773	CN6773	Alprazolam	Panic disorder The treatment must be for use when other treatments have failed. or The treatment must be for use when other treatments are inappropriate.	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6786	P6786	CN6786	Electrolyte replacement, oral	Rehydration in intestinal failure	Compliance with Authority Required procedures
C6787	P6787	CN6787	Bromocriptine	Pathological hyperprolactinaemia Patient must be one in whom surgery is not indicated.	
C6803	P6803	CN6803	Cobimetinib	Unresectable Stage III or Stage IV malignant melanoma Continuing treatment Patient must have previously been issued with an authority prescription for this drug; AND Patient must be receiving PBS-subsidised vemurafenib concomitantly for this condition; AND Patient must have stable or responding disease.	Compliance with Authority Required procedures - Streamlined Authority Code 6803
C6809	P6809	CN6809	Calcipotriol with betamethasone	Chronic stable plaque type psoriasis vulgaris The condition must be inadequately controlled by potent topical corticosteroid monotherapy.	
C6812	P6812	CN6812	Ferrous fumarate Ferrous fumarate with folic acid	For treatment of a patient identifying as Aboriginal or Torres Strait Islander	
C6815	P6815	CN6815	Salbutamol	Asthma Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.	
C6825	P6825	CN6825	Salbutamol	Chronic obstructive pulmonary disease (COPD) Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.	
C6847	P6847	CN6847	Alemtuzumab	Multiple sclerosis Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must not show continuing progression of disability while on treatment with this drug; AND Patient must not receive more than one PBS-subsidised treatment per year; AND The treatment must be the sole PBS-subsidised disease modifying therapy for this condition; AND Patient must have demonstrated compliance with, and an ability to tolerate this therapy; AND Must be treated by a neurologist.	Code 6847
C6852	P6852	CN6852	Fosaprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle; AND Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin. No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with fosaprepitant on days 2 and 3 of any chemotherapy cycle.	Compliance with Authority Required procedures - Streamlined Authority Code 6852
C6871	P6871	CN6871	Varenicline	Nicotine dependence Commencement of a short-term (12 weeks or 24 weeks) course of treatment The treatment must be as an aid to achieving abstinence from smoking; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have indicated they are ready to cease smoking; AND Patient must not receive more than 24 weeks of PBS-subsidised treatment with this drug per 12-month period; AND Patient must be undergoing concurrent counselling for smoking cessation	Compliance with Authority Required procedures - Streamlined Authority Code 6871

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated. Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated. Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.	
C6881	P6881	CN6881	Bupropion	Nicotine dependence Completion of a short-term (9 weeks) course of treatment The treatment must be as an aid to achieving abstinence from smoking; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment; AND Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period; AND Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.	Compliance with Authority Required procedures - Streamlined Authority Code 6881
C6882	P6882	CN6882	Bupropion	Nicotine dependence Commencement of a short-term (9 weeks) course of treatment The treatment must be as an aid to achieving abstinence from smoking; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have indicated they are ready to cease smoking; AND Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period; AND Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated. Details of the support and counselling program must be documented in the	Compliance with Authority Required procedures - Streamlined Authority Code 6882

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				patient's medical records at the time treatment is initiated.	
C6885	P6885	CN6885	Varenicline	Nicotine dependence Completion of a short-term (24 weeks) course of treatment The treatment must be as an aid to achieving abstinence from smoking; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment; AND Patient must have ceased smoking in the process of completing an initial 12-weeks or ceased smoking following an initial 12-weeks of PBS-subsidised treatment with this drug in the current course of treatment; AND Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.	Compliance with Authority Required procedures - Streamlined Authority Code 6885
C6886	P6886	CN6886	Fosaprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone; AND Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin. No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.	Compliance with Authority Required procedures - Streamlined Authority Code 6886
C6887	P6887	CN6887	Fosaprepitant	Nausea and vomiting The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy; AND The treatment must be in combination with a 5-hydroxytryptamine receptor	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				(5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle; AND Patient must have had a prior episode of chemotherapy induced nausea or vomiting; AND Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed. No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with fosaprepitant on days 2 and 3 of any chemotherapy cycle.	Code 6887
C6890	P6890	CN6890	Protein formula with carbohydrate, fat, vitamins and minerals	Dietary management of conditions requiring a source of medium chain triglycerides Patient must have fat malabsorption due to liver disease; or Patient must have fat malabsorption due to short gut syndrome; or Patient must have fat malabsorption due to cystic fibrosis; or Patient must have fat malabsorption due to gastrointestinal disorders; Patient must be aged from 1 to 10 years inclusive.	
C6891	P6891	CN6891	Fosaprepitant	Nausea and vomiting The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer; AND The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone; AND Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline. No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.	Compliance with Authority Required procedures - Streamlined Authority Code 6891

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C6898	P6898	CN6898	Risperidone	Severe behavioural disturbances Patient must have autism spectrum disorder; AND The treatment must be under the supervision of a paediatrician or psychiatrist; AND The treatment must be in combination with non-pharmacological measures; Patient must be under 18 years of age. Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful. The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.	Compliance with Authority Required procedures - Streamlined Authority Code 6898
C6910	P6910	CN6910	Testosterone	Androgen deficiency Patient must have an established pituitary or testicular disorder; AND Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The name of the specialist must be included in the authority application.	Compliance with Authority Required procedures
C6911	P6911	CN6911	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to spinal cord disease.	Compliance with Authority Required procedures - Streamlined Authority Code 6911
C6919	P6919	CN6919	Testosterone	Pubertal induction Patient must be under 18 years of age; Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The name of the specialist must be included in the authority application.	
C6925	P6925	CN6925	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity of cerebral origin.	Compliance with Authority Required procedures - Streamlined Authority Code 6925
C6933	P6933	CN6933	Testosterone	Micropenis Patient must be under 18 years of age; Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The name of the specialist must be included in the authority application.	Compliance with Authority Required procedures
C6934	P6934	CN6934	Testosterone	Constitutional delay of growth or puberty Patient must be under 18 years of age; Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The name of the specialist must be included in the authority application.	Compliance with Authority Required procedures
C6939	P6939	CN6939	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				antispastic agents; AND Patient must have chronic spasticity due to multiple sclerosis.	Code 6939
C6940	P6940	CN6940	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to spinal cord injury.	Compliance with Authority Required procedures - Streamlined Authority Code 6940
C6952	P6952	CN6952	Degarelix	Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate	
C6953	P6953	CN6953	Botulinum toxin type A purified neurotoxin complex	Urinary incontinence Must be treated by a urologist; or Must be treated by a gynaecologist; AND The condition must be due to idiopathic overactive bladder; AND The condition must have been inadequately controlled by therapy involving at least two alternative anti-cholinergic agents; AND Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with botulinum toxin type A neurotoxin complex; AND Patient must be willing and able to self-catheterise; AND The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment; Patient must be aged 18 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 6953
C6976	P6976	CN6976	Degarelix	Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate	
C6979	P6979	CN6979	Chorionic gonadotrophin	Combined deficiency of human growth hormone and gonadotrophins Patient must be male; Patient must be one in whom the absence of secondary sexual	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				characteristics indicates a lag in maturation.	
C6980	P6980	CN6980	Tenofovir	Chronic hepatitis B infection Patient must have cirrhosis; AND Patient must be nucleoside analogue naive; AND Patient must have detectable HBV DNA; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 6980
C6982	P6982	CN6982	Tenofovir	HIV infection Continuing Patient must have previously received PBS-subsidised therapy for HIV infection; AND The treatment must be in combination with other antiretroviral agents.	Compliance with Authority Required procedures - Streamlined Authority Code 6982
C6983	P6983	CN6983	Tenofovir	Chronic hepatitis B infection Patient must have cirrhosis; AND Patient must have failed antihepadnaviral therapy; AND Patient must have detectable HBV DNA. Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 6983
C6984	P6984	CN6984	Tenofovir	Chronic hepatitis B infection Patient must not have cirrhosis; AND Patient must have failed antihepadnaviral therapy; AND Patient must have repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration, in conjunction with documented chronic hepatitis B infection. or Patient must have repeatedly elevated HBV DNA levels one log greater than	Compliance with Authority Required procedures - Streamlined Authority Code 6984

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months whilst on previous antihepadnaviral therapy, except in patients with evidence of poor compliance.	
C6985	P6985	CN6985	Tenofovir with emtricitabine	HIV infection Initial Patient must be antiretroviral treatment naive; AND The treatment must be in combination with other antiretroviral agents.	Compliance with Authority Required procedures - Streamlined Authority Code 6985
C6986	P6986	CN6986	Tenofovir with emtricitabine	HIV infection Continuing Patient must have previously received PBS-subsidised therapy for HIV infection; AND The treatment must be in combination with other antiretroviral agents.	Compliance with Authority Required procedures - Streamlined Authority Code 6986
C6987	P6987	CN6987	Chorionic gonadotrophin	Infertility Patient must be male; The condition must be due to hypogonadotrophic hypogonadism.	
C6989	P6989	CN6989	Chorionic gonadotrophin	Anovulatory infertility	
C6990	P6990	CN6990	Chorionic gonadotrophin	Infertility Patient must be male; The condition must be associated with isolated luteinising hormone deficiency.	
C6991	P6991	CN6991	Chorionic gonadotrophin	Assisted Reproductive Technology Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.	Compliance with Authority Required procedures - Streamlined Authority Code 6991
C6992	P6992	CN6992	Tenofovir	Chronic hepatitis B infection Patient must not have cirrhosis; AND	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must be nucleoside analogue naive; AND Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; or Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection; AND Patient must have evidence of chronic liver injury determined by: (i) confirmed elevated serum ALT; or (ii) liver biopsy; AND The treatment must be the sole PBS-subsidised therapy for this condition.	Streamlined Authority Code 6992
C6995	P6995	CN6995	Chorionic gonadotrophin	Hypogonadism or delayed puberty Patient must be male; Patient must be aged 16 years or older; Patient must show clinical evidence of the condition; AND The treatment must not extend beyond 6 months.	
C6998	P6998	CN6998	Tenofovir	HIV infection Initial Patient must be antiretroviral treatment naive; AND The treatment must be in combination with other antiretroviral agents.	Compliance with Authority Required procedures - Streamlined Authority Code 6998
C7025	P7025	CN7025	Lanreotide	Acromegaly The condition must be active; AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre; AND The treatment must be after failure of other therapy including dopamine agonists; or The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated; AND	Compliance with Authority Required procedures - Streamlined Authority Code 7025

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose); AND The treatment must cease if IGF1 is not lower after 3 months of treatment; AND The treatment must not be given concomitantly with PBS-subsidised pegvisomant. In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.	
C7134	P7134	CN7134	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to multiple sclerosis.	Compliance with Authority Required procedures - Streamlined Authority Code 7134
C7148	P7148	CN7148	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to spinal cord disease.	Compliance with Authority Required procedures - Streamlined Authority Code 7148
C7152	P7152	CN7152	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity of cerebral origin.	Compliance with Authority Required procedures - Streamlined Authority Code 7152
C7153	P7153	CN7153	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to spinal cord injury.	Code 7153
C7164	P7164	CN7164	Goserelin	Anticipated premature ovarian failure Patient must be receiving treatment with an alkylating agent for a malignancy or an autoimmune disorder that has a high risk of causing premature ovarian failure; AND Patient must not receive more than 6 months' of treatment for this condition in a lifetime; Patient must be pre-menopausal.	
C7258	P7258	CN7258	Eribulin	Advanced (unresectable and/or metastatic) liposarcoma Initial treatment Patient must have an ECOG performance status of 2 or less; AND The condition must be dedifferentiated, myxoid, round-cell or pleomorphic subtype; AND Patient must have received prior chemotherapy treatment including an anthracycline and ifosfamide (unless contraindicated) for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition; Patient must be aged 18 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 7258
C7273	P7273	CN7273	Icatibant	Anticipated emergency treatment of an acute attack of hereditary angioedema Initial Patient must have confirmed diagnosis of C1-esterase inhibitor deficiency; AND Patient must have been assessed to be at significant risk of an acute attack of hereditary angioedema; AND The condition must be assessed by a clinical immunologist. or The condition must be assessed by a respiratory physician. or The condition must be assessed by a specialist allergist. or The condition must be assessed by a general physician experienced in the	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				management of patients with hereditary angioedema. The name of the specialist consulted must be provided at the time of application for initial supply. The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.	
C7274	P7274	CN7274	Icatibant	Anticipated emergency treatment of an acute attack of hereditary angioedema Continuing Patient must have previously received PBS-subsidised treatment with this drug for this condition.	Compliance with Authority Required procedures
C7275	P7275	CN7275	Vitamins, minerals and trace elements formula	Dietary management of conditions requiring a highly restrictive therapeutic diet Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet; AND Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations; Patient must be aged 3 years or older.	
C7280	P7280	CN7280	Eribulin	Advanced (unresectable and/or metastatic) liposarcoma Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not develop progressive disease while being treated with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition; Patient must be aged 18 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 7280
C7346	P7346	CN7346	Alectinib Brigatinib Ceritinib	Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC) Continuing treatment The treatment must be as monotherapy; AND Patient must have previously received PBS-subsidised treatment with this	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				drug for this condition; AND Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.	
C7362	P7362	CN7362	Mannitol	Cystic fibrosis The treatment must be as monotherapy; AND Patient must be intolerant or inadequately responsive to dornase alfa; Patient must be 6 years of age or older. Patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved Product Information initiation dose assessment for this drug, prior to therapy with this drug, with a negative result. Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit. Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease. Initial therapy is limited to 3 months treatment with mannitol at a dose of 400 mg twice daily. To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient. Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.	Compliance with Authority Required procedures - Streamlined Authority Code 7362
C7367	P7367	CN7367	Mannitol	Cystic fibrosis	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be in combination with dornase alfa; AND Patient must be inadequately responsive to dornase alfa; AND Patient must have trialled hypertonic saline for this condition; Patient must be 6 years of age or older. Patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved Product Information initiation dose assessment for this drug, prior to therapy with this drug, with a negative result. Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit. Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease. Initial therapy is limited to 3 months treatment with mannitol at a dose of 400 mg twice daily. To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient. Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.	procedures - Streamlined Authority Code 7367
C7374	P7374	CN7374	Deferasirox	Chronic iron overload Initial treatment Patient must not be transfusion dependent; AND The condition must be thalassaemia.	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C7375	P7375	CN7375	Deferasirox	Chronic iron overload Initial treatment Patient must be transfusion dependent; AND Patient must not have a malignant disorder of erythropoiesis.	Compliance with Authority Required procedures
C7385	P7385	CN7385	Deferasirox	Chronic iron overload Initial treatment Patient must be red blood cell transfusion dependent; AND Patient must have a serum ferritin level of greater than 1000 microgram/L; AND Patient must have a malignant disorder of haemopoiesis; AND Patient must have a median life expectancy exceeding five years.	Compliance with Authority Required procedures
C7386	P7386	CN7386	Ocrelizumab	Multiple sclerosis Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not show continuing progression of disability while on treatment with this drug; AND The treatment must be the sole PBS-subsidised disease modifying therapy for this condition; AND Patient must have demonstrated compliance with, and an ability to tolerate this therapy; AND Must be treated by a neurologist.	Compliance with Authority Required procedures - Streamlined Authority Code 7386
C7431	P7431	CN7431	Everolimus	Tuberous sclerosis complex (TSC) Continuing treatment The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; or The condition must be visceral tumours associated with TSC; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND	Compliance with Authority Required procedures - Streamlined Authority Code 7431

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have received an initial authority prescription for this drug for this condition; AND Patient must have demonstrated a response to prior treatment.	
C7432	P7432	CN7432	Everolimus	Stage IV clear cell variant renal cell carcinoma (RCC) Continuing treatment beyond 3 months Patient must have received an initial authority prescription for this drug for this condition; AND Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST); AND The treatment must be the sole PBS-subsidised therapy for this condition. A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.	Compliance with Authority Required procedures - Streamlined Authority Code 7432
C7433	P7433	CN7433	Axitinib	Stage IV clear cell variant renal cell carcinoma (RCC) Continuing treatment beyond 3 months Patient must have received an initial authority prescription for this drug for this condition; AND Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST); AND The treatment must be the sole PBS-subsidised therapy for this condition. A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.	Compliance with Authority Required procedures - Streamlined Authority Code 7433
C7446	P7446	CN7446	Erlotinib	Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC) Continuing treatment The treatment must be as monotherapy; AND Patient must have received an initial authority prescription for this drug for this condition; AND Patient must not have progressive disease; Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR	Compliance with Authority Required procedures - Streamlined Authority Code 7446

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				tyrosine kinase inhibitors in tumour material.	
C7447	P7447	CN7447	Gefitinib	Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC) Continuing treatment The treatment must be as monotherapy; AND Patient must have received an initial authority prescription for this drug for this condition; AND Patient must not have progressive disease.	Compliance with Authority Required procedures - Streamlined Authority Code 7447
C7458	P7458	CN7458	Pazopanib	Advanced (unresectable and/or metastatic) soft tissue sarcoma Continuing treatment beyond 3 months Patient must have received an initial authority prescription for this drug for this condition; AND Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST); AND The treatment must be the sole PBS-subsidised therapy for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 7458
C7459	P7459	CN7459	Pazopanib	Advanced (unresectable and/or metastatic) soft tissue sarcoma Continuing treatment beyond 3 months Patient must have received an initial authority prescription for this drug for this condition; AND Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST); AND Patient must require dose adjustment; AND The treatment must be the sole PBS-subsidised therapy for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 7459
C7471	P7471	CN7471	Sunitinib	Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET) Continuing treatment Patient must have received an initial authority prescription for this drug for this condition; AND Patient must not have disease progression; AND	Compliance with Authority Required procedures - Streamlined Authority Code 7471

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be as monotherapy. A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.	
C7483	P7483	CN7483	Varenicline	Nicotine dependence Continuation of a short-term (12 weeks or 24 weeks) course of treatment The treatment must be as an aid to achieving abstinence from smoking; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have previously received treatment with this drug during this current course of treatment; AND Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.	Compliance with Authority Required procedures - Streamlined Authority Code 7483
C7484	P7484	CN7484	Tetracosactide	Hypsarrhythmia and/or infantile spasms	
C7487	P7487	CN7487	Sorafenib	Stage IV clear cell variant renal cell carcinoma (RCC) Continuing treatment beyond 3 months Patient must have received an initial authority prescription for this drug for this condition; AND Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST); AND The treatment must be the sole PBS-subsidised therapy for this condition. A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.	Compliance with Authority Required procedures - Streamlined Authority Code 7487
C7488	P7488	CN7488	Methotrexate	Severe active rheumatoid arthritis Patient must be unsuitable for administration of an oral form of methotrexate for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 7488
C7491	P7491	CN7491	Sonidegib	Metastatic or locally advanced basal cell carcinoma (BCC)	Compliance with

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Vismodegib	Initial treatment or Continuing treatment – balance of supply Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; or Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment; AND The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.	Authority Required procedures
C7518	P7518	CN7518	Methotrexate	Severe psoriasis The condition must not have adequately responded to topical treatment; AND Patient must be unsuitable for administration of an oral form of methotrexate for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 7518
C7526	P7526	CN7526	Pralatrexate	Relapsed or chemotherapy refractory Peripheral T-cell Lymphoma Continuing treatment The condition must be relapsed or chemotherapy refractory; AND Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition.	Compliance with Authority Required procedures
C7558	P7558	CN7558	Pralatrexate	Relapsed or chemotherapy refractory Peripheral T-cell Lymphoma Initial treatment The condition must be relapsed or chemotherapy refractory; AND Patient must have undergone appropriate prior front-line curative intent chemotherapy.	Compliance with Authority Required procedures
C7566	P7566	CN7566	Dexamethasone	Non-infectious posterior segment uveitis Must be treated by an ophthalmologist or in consultation with an ophthalmologist; AND Patient must have documented visual impairment defined as a best corrected visual acuity score of approximate Snellen equivalent 6/12 or	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				worse in the eye proposed for treatment, secondary to vitreous haze or macular oedema; AND Patient must have unilateral, asymmetric or bilateral flare-up where systemic treatment or further intensification of systemic treatment is not clinically indicated.	
C7593	P7593	CN7593	Glecaprevir with pibrentasvir	Chronic hepatitis C infection Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C; AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status; AND The treatment must be limited to a maximum duration of 8 weeks.	Compliance with Authority Required procedures
C7613	P7613	CN7613	Afatinib	Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC) Continuing treatment The treatment must be as monotherapy; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition; Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.	Compliance with Authority Required procedures - Streamlined Authority Code 7613
C7615	P7615	CN7615	Glecaprevir with pibrentasvir	Chronic hepatitis C infection Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C; AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status; AND	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be limited to a maximum duration of 12 weeks.	
C7699	P7699	CN7699	Ocrelizumab	Multiple sclerosis Initial treatment The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; or The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient; AND The treatment must be the sole PBS-subsidised disease modifying therapy for this condition; AND Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition; AND Patient must be ambulatory (without assistance or support); AND Must be treated by a neurologist. Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 7699
C7714	P7714	CN7714	Alemtuzumab	Multiple sclerosis Initial treatment The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; or The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient; AND The treatment must be the sole PBS-subsidised disease modifying therapy for this condition; AND	Compliance with Authority Required procedures - Streamlined Authority Code 7714

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition; AND Patient must be ambulatory (without assistance or support); AND Must be treated by a neurologist. Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.	
C7781	P7781	CN7781	Montelukast	Asthma Prevention of condition The condition must be exercise-induced; AND The treatment must be as an alternative to adding salmeterol xinafoate; or The treatment must be an alternative to adding formoterol fumarate; AND The condition must be otherwise well controlled while receiving optimal dose inhaled corticosteroid; AND Patient must require short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms; Patient must be aged 6 to 14 years inclusive.	Compliance with Authority Required procedures - Streamlined Authority Code 7781
C7789	P7789	CN7789	Perampanel	Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; Patient must be aged 12 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 7789
C7798	P7798	CN7798	Aclidinium with formoterol Indacaterol with glycopyrronium Tiotropium with olodaterol Umeclidinium with vilanterol	Chronic obstructive pulmonary disease (COPD) Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA). or Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA). or	Compliance with Authority Required procedures - Streamlined Authority Code 7798

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have been stabilised on a combination of a LAMA and a LABA.	
C7822	P7822	CN7822	Filgrastim Lipegfilgrastim Pegfilgrastim	Chemotherapy-induced neutropenia Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission; AND Patient must be at greater than 20% risk of developing febrile neutropenia. or Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.	Compliance with Authority Required procedures - Streamlined Authority Code 7822
C7843	P7843	CN7843	Filgrastim Lipegfilgrastim Pegfilgrastim	Chemotherapy-induced neutropenia Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission; AND Patient must have had a prior episode of febrile neutropenia. or Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.	Compliance with Authority Required procedures - Streamlined Authority Code 7843
C7876	P7876	CN7876	Atomoxetine	Attention deficit hyperactivity disorder Initial treatment Must be treated by a paediatrician or psychiatrist; AND The condition must be or have been diagnosed according to the DSM-5 criteria; AND Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; or Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; or Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; or Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously);	Compliance with Authority Required procedures - Streamlined Authority Code 7876

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.	
C7890	P7890	CN7890	Atomoxetine	Attention deficit hyperactivity disorder Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 7890
C7927	P7927	CN7927	Quetiapine	Acute mania The condition must be associated with bipolar I disorder; AND The treatment must be as monotherapy.	Compliance with Authority Required procedures - Streamlined Authority Code 7927
C7943	P7943	CN7943	Bendamustine	Previously untreated stage II bulky or stage III or IV indolent non-Hodgkin's lymphoma Induction treatment The condition must be CD20 positive; AND The condition must be previously untreated; AND The condition must be symptomatic; AND The treatment must be for induction treatment purposes only; AND The treatment must be in combination with rituximab or obinutuzumab; AND The treatment must not exceed 6 cycles (12 doses) with this drug under this restriction.	Compliance with Authority Required procedures - Streamlined Authority Code 7943
C7944	P7944	CN7944	Bendamustine	Follicular lymphoma Re-induction treatment The condition must be CD20 positive; AND The condition must be refractory to treatment with rituximab for this condition; AND The condition must be symptomatic; AND The treatment must be for re-induction treatment purposes only; AND	Compliance with Authority Required procedures - Streamlined Authority Code 7944

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be in combination with obinutuzumab; AND The treatment must not exceed 6 cycles (12 doses) with this drug under this restriction. The condition is considered rituximab-refractory if the patient experiences less than a partial response or progression of disease within 6 months after completion of a prior rituximab-containing regimen.	
C7970	P7970	CN7970	Budesonide with formoterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids. or Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy. or Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 7970
C7972	P7972	CN7972	Bendamustine	Previously untreated stage III or IV mantle cell lymphoma Induction treatment The condition must be CD20 positive; AND The treatment must be in combination with rituximab; AND The condition must be previously untreated; AND The condition must be symptomatic; AND The treatment must be for induction treatment purposes only; AND Patient must not receive more than 6 cycles (12 doses) of treatment under this restriction; AND Patient must not be eligible for stem cell transplantation.	Compliance with Authority Required procedures - Streamlined Authority Code 7972
C7979	P7979	CN7979	Budesonide with formoterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 7979
C8161	P8161	CN8161	Octreotide	Acromegaly The condition must be controlled with octreotide immediate release injections; AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose); AND The treatment must cease if IGF1 is not lower after 3 months of treatment; AND The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition. In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission	Compliance with Authority Required procedures - Streamlined Authority Code 8161
C8165	P8165	CN8165	Octreotide	Acromegaly The condition must be active; AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre; AND The treatment must be after failure of other therapy including dopamine agonists; or The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated; AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks; AND The treatment must cease if IGF1 is not lower after 3 months of treatment at a dose of 100 micrograms 3 time daily; AND The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition. In a patient treated with radiotherapy, octreotide should be withdrawn every	Compliance with Authority Required procedures - Streamlined Authority Code 8165

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				2 years in the 10 years after radiotherapy for assessment of remission	
C8183	P8183	CN8183	Trifluridine with tipiracil	Metastatic colorectal cancer Continuing treatment Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition; AND Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 8183
C8197	P8197	CN8197	Octreotide	Acromegaly Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The condition must be controlled with octreotide immediate release injections; AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose); AND The treatment must cease if IGF1 is not lower after 3 months of treatment; AND The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition. In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission	Compliance with Authority Required procedures - Streamlined Authority Code 8197
C8198	P8198	CN8198	Octreotide	Vasoactive intestinal peptide secreting tumour (VIPoma) Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have achieved symptom control on octreotide immediate release injections; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.	Compliance with Authority Required procedures - Streamlined Authority Code 8198

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	
C8208	P8208	CN8208	Octreotide	Functional carcinoid tumour Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have achieved symptom control on octreotide immediate release injections; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 8208
C8214	P8214	CN8214	Dolutegravir with rilpivirine	HIV infection Initial treatment Patient must be virologically suppressed on a stable antiretroviral regimen for at least 6 months; AND The treatment must be the sole PBS-subsidised therapy for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 8214
C8226	P8226	CN8226	Dolutegravir with rilpivirine	HIV infection Continuing treatment Patient must have previously received PBS-subsidised therapy with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 8226
C8288	P8288	CN8288	Tolvaptan	Autosomal dominant polycystic kidney disease (ADPKD) Continuing treatment Must be treated by a nephrologist or in consultation with a nephrologist; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND	Compliance with Authority Required procedures - Streamlined Authority Code 8288

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must not have end-stage renal disease defined as an estimated glomerular filtration rate (eGFR) of less than 15 mL/min/1.73m^2; AND Patient must not have had a kidney transplant.	
C8326	P8326	CN8326	Deferasirox	Chronic iron overload Continuing treatment Patient must be red blood cell transfusion dependent; AND Patient must have a malignant disorder of haemopoieisis; AND Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 8326
C8328	P8328	CN8328	Deferasirox	Chronic iron overload Continuing treatment Patient must be transfusion dependent; AND Patient must not have a malignant disorder of erythropoiesis; AND Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 8328
C8329	P8329	CN8329	Deferasirox	Chronic iron overload Continuing treatment Patient must not be transfusion dependent; AND The condition must be thalassaemia; AND Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 8329
C8544	P8544	CN8544	Guanfacine	Attention deficit hyperactivity disorder Initial treatment Must be treated by a paediatrician or psychiatrist; AND The condition must be or have been diagnosed according to the DSM-5 criteria; AND Patient must be receiving a maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine) which has been stable for at least four weeks; AND	Compliance with Authority Required procedures - Streamlined Authority Code 8544

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine); AND Patient must be experiencing residual moderate to severe ADHD symptoms resulting in impaired functioning (social, academic or occupational), present in at least one setting (home, nursery/school/college/work, friends or family homes or other environment); Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.	
C8555	P8555	CN8555	Ipilimumab	Stage IV clear cell variant renal cell carcinoma (RCC) Induction treatment The condition must not have previously been treated; AND The condition must be classified as intermediate to poor risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC); AND Patient must have a WHO performance status of 2 or less; AND The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 8555
C8585	P8585	CN8585	Guanfacine	Attention deficit hyperactivity disorder Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine).	Compliance with Authority Required procedures - Streamlined Authority Code 8585
C8588	P8588	CN8588	Axitinib	Stage IV clear cell variant renal cell carcinoma (RCC) Initial treatment Patient must have progressive disease according to the Response	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor; AND Patient must have a WHO performance status of 2 or less; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug. A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.	procedures
C8606	P8606	CN8606	Tiotropium	Severe asthma Must be treated by a respiratory physician, paediatric respiratory physician, clinical immunologist, allergist, paediatrician or general physician experienced in the management of patients with severe asthma; or in consultation with one of these specialists; AND Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented; AND Patient must have experienced at least one severe exacerbation prior to receiving PBS-subsidised treatment with this drug for this condition, which has required documented use of systemic corticosteroids in the previous 12 months while receiving optimised asthma therapy; or Patient must have experienced frequent episodes of moderate asthma exacerbations prior to receiving PBS-subsidised treatment with this drug for this condition; AND The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated; Patient must be aged 6 to 17 years inclusive. Optimised asthma therapy includes adherence to the maintenance combination of a medium to high dose ICS and a LABA. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative	Compliance with Authority Required procedures - Streamlined Authority Code 8606

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C8621	P8621	CN8621	Sorafenib	Stage IV clear cell variant renal cell carcinoma (RCC) Initial treatment Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor; AND Patient must have a WHO performance status of 2 or less; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug. A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.	Compliance with Authority Required procedures
C8622	P8622	CN8622	Everolimus	Stage IV clear cell variant renal cell carcinoma (RCC) Initial treatment Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor; AND Patient must have a WHO performance status of 2 or less; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus. Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.	Compliance with Authority Required procedures
C8624	P8624	CN8624	Safinamide	Parkinson disease The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.	
C8667	P8667	CN8667	Filgrastim	Chemotherapy-induced neutropenia Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission; AND	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have had a prior episode of febrile neutropenia. or Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.	Code 8667
C8668	P8668	CN8668	Filgrastim	Mobilisation of peripheral blood progenitor cells The treatment must be in a normal volunteer for use in allogeneic transplantation.	Compliance with Authority Required procedures - Streamlined Authority Code 8668
C8669	P8669	CN8669	Filgrastim	Severe congenital neutropenia Patient must have an absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; AND Patient must have had a bone marrow examination that has shown evidence of maturational arrest of the neutrophil lineage.	Compliance with Authority Required procedures - Streamlined Authority Code 8669
C8670	P8670	CN8670	Filgrastim	Severe chronic neutropenia Patient must have an absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; or Patient must have neutrophil dysfunction; AND Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months. or Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.	Compliance with Authority Required procedures - Streamlined Authority Code 8670
C8671	P8671	CN8671	Filgrastim	Assisting bone marrow transplantation Patient must be receiving marrow-ablative chemotherapy prior to the transplantation.	Compliance with Authority Required procedures - Streamlined Authority Code 8671
C8672	P8672	CN8672	Filgrastim	Mobilisation of peripheral blood progenitor cells	Compliance with

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be to facilitate harvest of peripheral blood progenitor cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy.	Authority Required procedures - Streamlined Authority Code 8672
C8673	P8673	CN8673	Filgrastim	Chronic cyclical neutropenia Patient must have an absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles; AND Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics. or Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.	Compliance with Authority Required procedures - Streamlined Authority Code 8673
C8674	P8674	CN8674	Filgrastim	Chemotherapy-induced neutropenia Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission; AND Patient must be at greater than 20% risk of developing febrile neutropenia. or Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.	Compliance with Authority Required procedures - Streamlined Authority Code 8674
C8696	P8696	CN8696	Filgrastim	Assisting autologous peripheral blood progenitor cell transplantation The treatment must be following marrow-ablative chemotherapy for non-myeloid malignancy prior to the transplantation.	Compliance with Authority Required procedures - Streamlined Authority Code 8696
C8734	P8734	CN8734	Adrenaline (epinephrine)	Acute allergic reaction with anaphylaxis Initial sole PBS-subsidised supply for anticipated emergency treatment Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.	Compliance with Authority Required procedures
C8738	P8738	CN8738	Riluzole	Amyotrophic lateral sclerosis Continuing treatment	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must be ambulatory; or Patient must not be ambulatory, and must be able to either use upper limbs or to swallow; AND Patient must not have undergone a tracheostomy; AND Patient must not have experienced respiratory failure.	procedures
C8774	P8774	CN8774	Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole	Gastro-oesophageal reflux disease The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease. or The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.	Compliance with Authority Required procedures - Streamlined Authority Code 8774
C8775	P8775	CN8775	Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole	Peptic ulcer Initial treatment Patient must have tested negative for helicobacter pylori infection. or Patient must have failed treatment with helicobacter pylori eradication therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 8775
C8776	P8776	CN8776	Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole	Gastro-oesophageal reflux disease The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.	Compliance with Authority Required procedures - Streamlined Authority Code 8776
C8780	P8780	CN8780	Esomeprazole	Scleroderma oesophagus	Compliance with

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Lansoprazole Omeprazole Pantoprazole Rabeprazole		Authority Required procedures - Streamlined Authority Code 8780
C8822	P8822	CN8822	Botulinum toxin type A purified neurotoxin complex Clostridium botulinum type A toxin - haemagglutinin complex	Dynamic equinus foot deformity The condition must be due to spasticity; AND Patient must have cerebral palsy; AND Patient must be ambulant; Patient must be aged 18 years or older; Must be treated by a neurologist. or Must be treated by an orthopaedic surgeon. or Must be treated by a paediatrician. or Must be treated by a rehabilitation specialist.	Compliance with Authority Required procedures - Streamlined Authority Code 8822
C8827	P8827	CN8827	Esomeprazole	Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion	Compliance with Authority Required procedures - Streamlined Authority Code 8827
C8830	P8830	CN8830	Ixekizumab Secukinumab	Severe chronic plaque psoriasis Continuing treatment, Whole body Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND Patient must have demonstrated an adequate response to treatment with this drug; AND The treatment must be as systemic monotherapy (other than methotrexate); AND Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction;	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must be aged 18 years or older; Must be treated by a dermatologist. An adequate response to treatment is defined as A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle. The authority application must be made in writing and must include (a) a completed authority prescription form(s); and (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition. The most recent PASI assessment must be no more than 1 month old at the time of application. Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				under a new cycle under the Initial 3 treatment restriction.	
C8831	P8831	CN8831	Secukinumab	Severe chronic plaque psoriasis Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; AND The treatment must be as systemic monotherapy (other than methotrexate); AND The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions; AND	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Must be treated by a dermatologist.	
C8866	P8866	CN8866	Omeprazole Pantoprazole	Zollinger-Ellison syndrome	Compliance with Authority Required procedures - Streamlined Authority Code 8866
C8877	P8877	CN8877	Guselkumab	Severe chronic plaque psoriasis Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment; AND The treatment must be as systemic monotherapy (other than methotrexate); AND The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions; AND Must be treated by a dermatologist.	
C8892	P8892	CN8892	Ixekizumab Secukinumab	Severe chronic plaque psoriasis Continuing treatment, Face, hand, foot Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND Patient must have demonstrated an adequate response to treatment with this drug; AND The treatment must be as systemic monotherapy (other than methotrexate); AND Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction; Patient must be aged 18 years or older; Must be treated by a dermatologist. An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle. The authority application must be made in writing and must include (a) a completed authority prescription form(s); and (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				diagrams including the date of the assessment of the patient's condition. The most recent PASI assessment must be no more than 1 month old at the time of application. Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug. The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.	
C8902	P8902	CN8902	Esomeprazole	Gastro-oesophageal reflux disease Patient must have symptoms which are inadequately controlled using a standard dose proton pump inhibitor.	Compliance with Authority Required procedures
C8921	P8921	CN8921	Febuxostat	Chronic gout The condition must be either chronic gouty arthritis or chronic tophaceous gout; AND Patient must have a medical contraindication to allopurinol. or Patient must have a documented history of allopurinol hypersensitivity	Compliance with Authority Required procedures - Streamlined Authority Code 8921

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				syndrome. or Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.	
C8929	P8929	CN8929	Botulinum toxin type A purified neurotoxin complex Clostridium botulinum type A toxin - haemagglutinin complex	Moderate to severe spasticity of the upper limb Patient must have cerebral palsy; Patient must be aged 18 years or older; Must be treated by a neurologist. or Must be treated by an orthopaedic surgeon. or Must be treated by a paediatrician. or Must be treated by a rehabilitation specialist. or Must be treated by a plastic surgeon.	Compliance with Authority Required procedures - Streamlined Authority Code 8929
C9031	P9031	CN9031	Guanfacine	Attention deficit hyperactivity disorder Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information. or Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal. or Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent. or Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).	Compliance with Authority Required procedures - Streamlined Authority Code 9031
C9034	P9034	CN9034	Guanfacine	Attention deficit hyperactivity disorder Initial treatment Must be treated by a paediatrician or psychiatrist; AND	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The condition must be or have been diagnosed according to the DSM-5 criteria; AND Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; or Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; or Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; or Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously); Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.	Code 9034
C9063	P9063	CN9063	Certolizumab pegol Golimumab Secukinumab	Severe psoriatic arthritis Continuing treatment - balance of supply Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment; AND The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction; AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.	Compliance with Authority Required procedures
C9064	P9064	CN9064	Adalimumab Bimekizumab Etanercept	Severe psoriatic arthritis Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply Patient must have received insufficient therapy with this drug for this	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Golimumab Secukinumab Tofacitinib Upadacitinib	condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; AND The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions; AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.	
C9069	P9069	CN9069	Golimumab Secukinumab	Severe psoriatic arthritis Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis; AND Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or The condition must have a C-reactive protein (CRP) level greater than 15 mg per L; AND The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints; AND	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must not receive more than 16 weeks of treatment under this restriction; Patient must be aged 18 years or older. Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response. The authority application must be made in writing and must include (1) a completed authority prescription form(s); and (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form. An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below. Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				completion of treatment. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.	
C9073	P9073	CN9073	Certolizumab pegol	Severe psoriatic arthritis Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle; AND Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; AND Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction; Patient must be aged 18 years or older; Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis. An adequate response to treatment is defined as	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and either of the following (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or (b) a reduction in the number of the following major active joints, from at least 4, by at least 50% (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). The authority application must be made in writing and must include (1) a completed authority prescription form(s); and (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form. An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below. Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.	
C9074	P9074	CN9074	Certolizumab pegol	Severe psoriatic arthritis Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis; AND Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or The condition must have a C-reactive protein (CRP) level greater than 15 mg per L; AND The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints; AND Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction; Patient must be aged 18 years or older.	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response. The authority application must be made in writing and must include (1) a completed authority prescription form(s); and (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form. An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below. Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.	
C9081	P9081	CN9081	Etanercept	Severe psoriatic arthritis Continuing treatment - balance of supply Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment; AND The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions; AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.	Compliance with Authority Required procedures
C9105	P9105	CN9105	Certolizumab pegol Golimumab Secukinumab	Severe psoriatic arthritis Continuing treatment Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis; AND Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have demonstrated an adequate response to treatment with this drug; AND Patient must not receive more than 24 weeks of treatment under this restriction; Patient must be aged 18 years or older. An adequate response to treatment is defined as an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and either of the following (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or (b) a reduction in the number of the following major active joints, from at least 4, by at least 50% (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. The authority application must be made in writing and must include (1) a completed authority prescription form(s); and (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form. Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.	
C9155	P9155	CN9155	Golimumab Secukinumab	Severe psoriatic arthritis Initial treatment - Initial 1 (new patient) Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis; AND Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; AND Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; or Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months; AND Patient must not receive more than 16 weeks of treatment under this restriction;	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must be aged 18 years or older. Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application. Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application. The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and either (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. The authority application must be made in writing and must include (1) a completed authority prescription form(s); and (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form. An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.	
C9172	P9172	CN9172	Guselkumab Ixekizumab	Severe psoriatic arthritis Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis; AND Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment; AND The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.	Compliance with Authority Required procedures
C9180	P9180	CN9180	Tocilizumab	Active giant cell arteritis	Compliance with

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Continuing treatment Must be treated by a rheumatologist, clinical immunologist or neurologist experienced in the management of giant cell arteritis; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The treatment must not exceed 52 weeks in total including initial and continuing applications.	Authority Required procedures
C9183	P9183	CN9183	Certolizumab pegol	Severe psoriatic arthritis Initial treatment - Initial 1 (new patient) Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; AND Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; or Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months; AND Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction; Patient must be aged 18 years or older; Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis. Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application. Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application. The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial	Compliance with Written Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				application an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and either (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. The authority application must be made in writing and must include (1) a completed authority prescription form(s); and (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form. An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C9185	P9185	CN9185	Certolizumab pegol	Severe psoriatic arthritis Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment; AND The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions; AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.	Compliance with Authority Required procedures
C9204	P9204	CN9204	Imatinib	Aggressive systemic mastocytosis with eosinophilia Initial treatment Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene; AND Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; or Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea); AND The treatment must not exceed a maximum dose of 400 mg per day. A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a bone marrow biopsy report and/or other tissue biopsy report	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				confirming the diagnosis of aggressive systemic mastocytosis and a full blood examination report demonstrating eosinophilia must be documented in the patient's medical records. The details of symptomatic organ involvement requiring treatment, including radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.	
C9206	P9206	CN9206	Imatinib	Aggressive systemic mastocytosis with eosinophilia Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene; AND Patient must have achieved and maintained a complete haematological response; AND The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition; AND The treatment must not exceed a maximum dose of 400 mg per day. A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 9206
C9209	P9209	CN9209	Imatinib	Dermatofibrosarcoma protuberans Continuing treatment The condition must be unresectable; or The condition must be locally recurrent; or The condition must be metastatic; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have demonstrated a response to the PBS-subsidised treatment; AND The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition; AND	Compliance with Authority Required procedures - Streamlined Authority Code 9209

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must not exceed a maximum dose of 800 mg per day. Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.	
C9216	P9216	CN9216	Nivolumab	Recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx Initial treatment Patient must have a WHO performance status of 0 or 1; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The condition must have progressed within 6 months of the last dose of prior platinum based chemotherapy; AND Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor for this condition. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.	Compliance with Authority Required procedures - Streamlined Authority Code 9216
C9222	P9222	CN9222	Deferasirox	Chronic iron overload Continuing treatment Patient must not be transfusion dependent; AND The condition must be thalassaemia; AND Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 9222
C9223	P9223	CN9223	Doxorubicin - pegylated liposomal	Kaposi sarcoma The condition must be AIDS-related; AND Patient must have a CD4 cell count of less than 200 per cubic millimetre; AND The condition must include extensive visceral involvement.	Compliance with Authority Required procedures - Streamlined Authority Code 9223
C9224	P9224	CN9224	Lipegfilgrastim	Chemotherapy-induced neutropenia Patient must be receiving chemotherapy with the intention of achieving a	Compliance with Authority Required

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				cure or a substantial remission; AND Patient must be at greater than 20% risk of developing febrile neutropenia. or Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.	procedures - Streamlined Authority Code 9224
C9228	P9228	CN9228	Deferiprone	Iron overload Patient must have thalassaemia major; AND Patient must be one in whom desferrioxamine therapy has proven ineffective.	Compliance with Authority Required procedures - Streamlined Authority Code 9228
C9232	P9232	CN9232	Octreotide	Vasoactive intestinal peptide secreting tumour (VIPoma) The condition must be causing intractable symptoms; AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents; AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 9232
C9233	P9233	CN9233	Octreotide	Acromegaly The condition must be active; AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre; AND The treatment must be after failure of other therapy including dopamine agonists; or The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or The treatment must be in a patient who is unfit for or unwilling to undergo	Compliance with Authority Required procedures - Streamlined Authority Code 9233

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				surgery and where radiotherapy is contraindicated; AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks; AND The treatment must cease if IGF1 is not lower after 3 months of treatment at a dose of 100 micrograms 3 time daily; AND The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition. In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission	
C9234	P9234	CN9234	Pamidronic acid	Hypercalcaemia of malignancy Patient must have a malignancy refractory to anti-neoplastic therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 9234
C9235	P9235	CN9235	Pegfilgrastim	Chemotherapy-induced neutropenia Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission; AND Patient must be at greater than 20% risk of developing febrile neutropenia. or Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.	Compliance with Authority Required procedures - Streamlined Authority Code 9235
C9238	P9238	CN9238	Imatinib	Gastrointestinal stromal tumour Initial treatment The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST); AND Patient must be at high risk of recurrence following complete surgical resection of primary GIST; AND The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining; AND The treatment must not exceed a dose of 400 mg per day for a period of 36	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				months in total (initial plus continuing therapy). High risk of recurrence is defined as Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or Primary GIST greater than 10 cm with any mitotic rate; or Primary GIST with a mitotic count of greater than 10/50 HPF. A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records. The pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection, which must not be more than 3 months prior to treatment initiation must be recorded in the patient's medical records.	
C9240	P9240	CN9240	Imatinib	Dermatofibrosarcoma protuberans Initial treatment The condition must be unresectable; or The condition must be locally recurrent; or The condition must be metastatic; AND The treatment must not exceed a maximum dose of 800 mg per day. Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.	Compliance with Authority Required procedures
C9243	P9243	CN9243	Imatinib	Myelodysplastic or myeloproliferative disorder Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The condition must be PDGFRB fusion gene-positive; AND Patient must have achieved and maintained a complete haematological response; AND The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition; AND	Compliance with Authority Required procedures - Streamlined Authority Code 9243

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must not exceed a maximum dose of 400 mg per day. A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.	
C9247	P9247	CN9247	Pazopanib	Advanced (unresectable and/or metastatic) soft tissue sarcoma Initial treatment Patient must have a WHO performance status of 2 or less; AND Patient must have received prior chemotherapy treatment including an anthracycline; AND Patient must not have received prior treatment with an angiogenesis inhibitor; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patient must not have any of the following conditions adipocytic soft tissue sarcoma; gastrointestinal stromal tumour (GIST); rhabdomyosarcoma other than alveolar or pleomorphic; chondrosarcoma; osteosarcoma; Ewings tumour/primitive neuroectodermal tumour; dermofibromatosis sarcoma protuberans; inflammatory myofibroblastic sarcoma; malignant mesothelioma; mixed mesodermal tumour of the uterus.	Compliance with Authority Required procedures - Streamlined Authority Code 9247
C9248	P9248	CN9248	Morphine	Chronic Breathlessness Patient must be receiving palliative care.	
C9252	P9252	CN9252	Nivolumab	Recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx Continuing treatment Patient must have previously received PBS-subsidised treatment with this	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				drug for this condition; AND Patient must have stable or responding disease; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.	Code 9252
C9258	P9258	CN9258	Deferasirox	Chronic iron overload Continuing treatment Patient must be red blood cell transfusion dependent; AND Patient must have a malignant disorder of haemopoieisis; AND Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 9258
C9260	P9260	CN9260	Lanreotide	Functional carcinoid tumour The condition must be causing intractable symptoms; AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents; AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 9260
C9261	P9261	CN9261	Lanreotide	Acromegaly The condition must be active; AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre; AND The treatment must be after failure of other therapy including dopamine agonists; or	Compliance with Authority Required procedures - Streamlined Authority Code 9261

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated; AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose); AND The treatment must cease if IGF1 is not lower after 3 months of treatment; AND The treatment must not be given concomitantly with PBS-subsidised pegvisomant. In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.	
C9262	P9262	CN9262	Octreotide	Acromegaly The condition must be controlled with octreotide immediate release injections; AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose); AND The treatment must cease if IGF1 is not lower after 3 months of treatment; AND The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition. In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission	Compliance with Authority Required procedures - Streamlined Authority Code 9262
C9267	P9267	CN9267	Valaciclovir	Cytomegalovirus infection and disease Prophylaxis Patient must have undergone a renal transplant; AND Patient must be at risk of cytomegalovirus disease.	Compliance with Authority Required procedures - Streamlined Authority Code 9267

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C9268	P9268	CN9268	Zoledronic acid	Multiple myeloma	Compliance with Authority Required procedures - Streamlined Authority Code 9268
C9274	P9274	CN9274	Imatinib	Chronic eosinophilic leukaemia or Hypereosinophilic syndrome Initial treatment Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene; AND The treatment must not exceed a maximum dose of 400 mg per day. A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a full blood examination report and details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.	Compliance with Authority Required procedures
C9276	P9276	CN9276	Imatinib	Myelodysplastic or myeloproliferative disorder Initial treatment Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; or Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); or Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript; AND Patient must have previously failed an adequate trial of conventional therapy with cytarabine; or Patient must have previously failed an adequate trial of conventional therapy with etoposide; or Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea); AND	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must not exceed a maximum dose of 400 mg per day. A bone marrow biopsy report demonstrating the presence of a myelodysplastic or myeloproliferative disorder, a pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement and details of the prior trialled therapy and the response must be documented in the patient's medical records.	
C9278	P9278	CN9278	Imatinib	Gastrointestinal stromal tumour Continuing treatment The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST); AND Patient must be at high risk of recurrence following complete surgical resection of primary GIST; AND The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy); AND Patient must have previously been issued with an authority prescription for imatinib for adjuvant treatment following complete resection of primary GIST.	Compliance with Authority Required procedures - Streamlined Authority Code 9278
C9286	P9286	CN9286	Deferiprone	Iron overload Patient must have thalassaemia major; AND Patient must be unable to take desferrioxamine therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 9286
C9287	P9287	CN9287	Doxorubicin - pegylated liposomal	Kaposi sarcoma The condition must be AIDS-related; AND Patient must have a CD4 cell count of less than 200 per cubic millimetre; AND The condition must include extensive mucocutaneous involvement.	Compliance with Authority Required procedures - Streamlined Authority Code 9287
C9288	P9288	CN9288	Octreotide	Vasoactive intestinal peptide secreting tumour (VIPoma) Patient must have achieved symptom control on octreotide immediate release injections; AND The treatment must cease if there is failure to produce a clinically significant	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Code 9288
C9289	P9289	CN9289	Octreotide	Functional carcinoid tumour The condition must be causing intractable symptoms; AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents; AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 9289
C9290	P9290	CN9290	Thalidomide	Multiple myeloma	Compliance with Authority Required procedures - Streamlined Authority Code 9290
C9296	P9296	CN9296	Imatinib	Chronic eosinophilic leukaemia or Hypereosinophilic syndrome Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have achieved and maintained a complete haematological response; AND The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition; AND	Compliance with Authority Required procedures - Streamlined Authority Code 9296

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The treatment must not exceed a maximum dose of 400 mg per day. A full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count and a statement that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.	
C9298	P9298	CN9298	Nivolumab	Unresectable Stage III or Stage IV malignant melanoma Continuing treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have previously been issued with an authority prescription for this drug for this condition; AND Patient must have stable or responding disease. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.	Compliance with Authority Required procedures - Streamlined Authority Code 9298
C9299	P9299	CN9299	Nivolumab	Stage IV clear cell variant renal cell carcinoma (RCC) Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not have developed disease progression while being treated with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.	Compliance with Authority Required procedures - Streamlined Authority Code 9299
C9302	P9302	CN9302	Deferasirox	Chronic iron overload Continuing treatment Patient must be transfusion dependent; AND Patient must not have a malignant disorder of erythropoiesis; AND Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 9302

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C9303	P9303	CN9303	Pegfilgrastim	Chemotherapy-induced neutropenia Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission; AND Patient must have had a prior episode of febrile neutropenia. or Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.	Compliance with Authority Required procedures - Streamlined Authority Code 9303
C9304	P9304	CN9304	Zoledronic acid	Bone metastases The condition must be due to castration-resistant prostate cancer.	Compliance with Authority Required procedures - Streamlined Authority Code 9304
C9312	P9312	CN9312	Nivolumab	Stage IV clear cell variant renal cell carcinoma (RCC) Initial Treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have a WHO performance status of 2 or less; AND Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor; or Patient must have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal; AND Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.	Compliance with Authority Required procedures - Streamlined Authority Code 9312
C9313	P9313	CN9313	Octreotide	Functional carcinoid tumour Patient must have achieved symptom control on octreotide immediate	Compliance with Authority Required procedures -

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				release injections; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Streamlined Authority Code 9313
C9315	P9315	CN9315	Pamidronic acid	Bone metastases The condition must be due to breast cancer.	Compliance with Authority Required procedures - Streamlined Authority Code 9315
C9317	P9317	CN9317	Zoledronic acid	Hypercalcaemia of malignancy Patient must have a malignancy refractory to anti-neoplastic therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 9317
C9319	P9319	CN9319	Imatinib	Malignant gastrointestinal stromal tumour Initial Treatment The condition must be metastatic; or The condition must be unresectable; AND The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining; AND The treatment must be commenced at a dose not exceeding 400 mg per day; AND The treatment must not exceed 3 months under this restriction. Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period. Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved. A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347 472-80.) A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records. Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records. Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.	
C9321	P9321	CN9321	Nivolumab	Stage IV clear cell variant renal cell carcinoma (RCC) Maintenance treatment Patient must have previously received of up to maximum 4 doses of PBS-subsidised combined therapy with nivolumab and ipilimumab as induction for this condition; AND The treatment must be as monotherapy for this condition; AND Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 9321

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C9322	P9322	CN9322	Lipegfilgrastim	Chemotherapy-induced neutropenia Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission; AND Patient must have had a prior episode of febrile neutropenia. or Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.	Compliance with Authority Required procedures - Streamlined Authority Code 9322
C9328	P9328	CN9328	Zoledronic acid	Bone metastases The condition must be due to breast cancer.	Compliance with Authority Required procedures - Streamlined Authority Code 9328
C9329	P9329	CN9329	Plerixafor	Mobilisation of haematopoietic stem cells The treatment must be in combination with granulocyte-colony stimulating factor (G-CSF); AND Patient must have lymphoma; or Patient must have multiple myeloma; AND Patient must require autologous stem cell transplantation; AND Patient must have failed previous stem cell collection. or Patient must be undergoing chemotherapy plus G-CSF mobilisation and their peripheral blood CD34+ count is less than 10,000 per millilitre or less than 10 million per litre on the day of planned collection. or Patient must be undergoing chemotherapy plus G-CSF mobilisation and the first apheresis has yielded less than 1 million CD34+ cells/kg. Evidence that the patient meets the PBS restriction criteria must be recorded in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 9329
C9334	P9334	CN9334	Botulinum toxin type A purified neurotoxin complex Clostridium botulinum type A toxin - haemagglutinin complex	Moderate to severe spasticity of the lower limb following an acute event Must be treated by a neurologist; or Must be treated by an orthopaedic surgeon; or Must be treated by a rehabilitation specialist; or Must be treated by a plastic surgeon; or	Compliance with Authority Required procedures - Streamlined Authority Code 9334

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Must be treated by a geriatrician; AND The condition must be moderate to severe spasticity of the lower limb/s following stroke or other acute neurological event, defined as a Modified Ashworth Scale rating of 3 or more; AND The treatment must only be used as second line therapy when standard management has failed; or The treatment must only be used as an adjunct to physical therapy; AND The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating of at least 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A); AND Patient must not have established severe contracture in the limb to be treated; AND The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per lower limb in the the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per lower limb each year thereafter; Patient must be aged 18 years or older. Standard management includes physiotherapy and/or oral spasticity agents.	
C9335	P9335	CN9335	Pamidronic acid	Multiple myeloma	Compliance with Authority Required procedures - Streamlined Authority Code 9335
C9349	P9349	CN9349	Trastuzumab	Metastatic (Stage IV) HER2 positive breast cancer Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Where a patient has a break in trastuzumab therapy of more than 1 week	Compliance with Authority Required procedures - Streamlined Authority Code 9349

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				from when the last dose was due, a new loading dose may be required.	
C9353	P9353	CN9353	Trastuzumab	Metastatic (Stage IV) HER2 positive breast cancer Initial treatment Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion; AND The treatment must not be in combination with nab-paclitaxel; AND The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 9353
C9360	P9360	CN9360	Lapatinib	Metastatic (Stage IV) HER2 positive breast cancer Continuing treatment Patient must have received an initial authority prescription for this drug for this condition; AND The treatment must be in combination with capecitabine; AND Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition; AND The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition; AND The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug. The treatment must not exceed a lifetime total of one continuous course.	Compliance with Authority Required procedures - Streamlined Authority Code 9360
C9369	P9369	CN9369	Blinatumomab	Acute lymphoblastic leukaemia Consolidation treatment Patient must have previously received PBS-subsidised induction treatment with this drug for this condition; AND	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have achieved a complete remission; or Patient must have achieved a complete remission with partial haematological recovery; AND The treatment must not be more than 3 treatment cycles under this restriction in a lifetime; AND Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.	
C9380	P9380	CN9380	Tocilizumab	Severe active juvenile idiopathic arthritis Continuing Treatment - balance of supply Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis; AND Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment; AND The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.	Compliance with Authority Required procedures
C9386	P9386	CN9386	Adalimumab Etanercept Tocilizumab	Severe active juvenile idiopathic arthritis Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis; AND Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment; AND The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.	
C9391	P9391	CN9391	Tocilizumab	Severe active juvenile idiopathic arthritis Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis; AND Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; or Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle; AND The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or The condition must have a C-reactive protein (CRP) level greater than 15 mg per L; AND The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints; AND Patient must not receive more than 16 weeks of treatment under this restriction; Patient must be aged 18 years or older. Active joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or	Compliance with Written Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). All measures of joint count must be no more than 4 weeks old at the time of this application. The authority application must be made in writing and must include (1) completed authority prescription form(s); and (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form. Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.	
C9417	P9417	CN9417	Etanercept Tofacitinib	Severe active juvenile idiopathic arthritis Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				biological medicine of more than 12 months) - balance of supply Must be treated by a paediatric rheumatologist; or Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre; AND Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment; AND The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.	
C9429	P9429	CN9429	Golimumab Ixekizumab Secukinumab	Ankylosing spondylitis Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				treatment; AND The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions; AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.	
C9431	P9431	CN9431	Certolizumab pegol Golimumab Ixekizumab Secukinumab Tofacitinib Upadacitinib	Ankylosing spondylitis Continuing treatment - balance of supply Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment; AND The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction; AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.	Compliance with Authority Required procedures
C9462	P9462	CN9462	Trastuzumab	Metastatic (Stage IV) HER2 positive breast cancer Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.	Compliance with Authority Required procedures - Streamlined Authority Code 9462
C9465	P9465	CN9465	Ponatinib	Acute lymphoblastic leukaemia Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition.	Compliance with Authority Required procedures
C9470	P9470	CN9470	Inotuzumab ozogamicin	Acute lymphoblastic leukaemia Induction treatment The condition must be relapsed or refractory B-precursor cell ALL, with an	Compliance with Written Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less; AND Patient must have received intensive combination chemotherapy for initial treatment of ALL or for subsequent salvage therapy; AND Patient must not have received more than 1 line of salvage therapy; AND Patient must have previously received a tyrosine kinase inhibitor (TKI) if the condition is Philadelphia chromosome positive; AND The condition must be CD22-positive; AND The condition must have more than 5% blasts in bone marrow; AND The treatment must not be more than 3 treatment cycles under this restriction in a lifetime. This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting. The authority application must be made in writing and must include (1) two completed authority prescription forms; (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and (3) evidence that the condition is CD22-positive; and (4) date of most recent chemotherapy, and if this was the initial chemotherapy regimen or salvage therapy, including what line of salvage; and (5) a copy of the most recent bone marrow biopsy report of no more than one month old at the time of application. The treatment must not exceed 0.8mg per m^2 for the first dose of a treatment cycle (Day 1), and 0.5mg per m^2 for subsequent doses (Days 8 and 15) within a treatment cycle. Treatment with this drug for this condition must not exceed 6 treatment cycles in a lifetime.	Required procedures
C9477	P9477	CN9477	Tocilizumab	Severe active juvenile idiopathic arthritis Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply Must be treated by a paediatric rheumatologist; or Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre; AND Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 16 or 24 weeks treatment; or Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 or 24 weeks treatment; or Patient must have received insufficient therapy with this drug under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 or 24 weeks treatment; AND The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions for patients 30 kg or over. or The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions for patients under 30 kg.	
C9478	P9478	CN9478	Tocilizumab	Severe active juvenile idiopathic arthritis Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis; AND Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years; AND Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				treatment cycle; AND Patient must not receive more than 16 weeks of treatment under this restriction; Patient must be aged 18 years or older. An adequate response to treatment is defined as an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following (a) an active joint count of fewer than 10 active (swollen and tender) joints; or (b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or (c) a reduction in the number of the following active joints, from at least 4, by at least 50% (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). The authority application must be made in writing and must include (1) completed authority prescription form(s); and (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form. An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below. Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				to the Department of Human Services no later than 4 weeks from the date of completion of treatment. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction. If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.	
C9488	P9488	CN9488	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity of cerebral origin.	Compliance with Authority Required procedures - Streamlined Authority Code 9488
C9489	P9489	CN9489	Baclofen	Severe chronic spasticity	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to spinal cord injury.	procedures - Streamlined Authority Code 9489
C9490	P9490	CN9490	Clozapine	Schizophrenia Initial treatment Must be treated by a psychiatrist or in consultation with the psychiatrist affiliated with the hospital or specialised unit managing the patient; AND Patient must be non-responsive to other neuroleptic agents. or Patient must be intolerant of other neuroleptic agents. Patients must complete at least 18 weeks of initial treatment under this restriction before being able to qualify for treatment under the continuing restriction. The name of the consulting psychiatrist should be included in the patient's medical records. A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.	Compliance with Authority Required procedures - Streamlined Authority Code 9490
C9519	P9519	CN9519	Blinatumomab	Acute lymphoblastic leukaemia Induction treatment - balance of supply The condition must be relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less; AND The condition must not be present in the central nervous system or testis; AND Patient must have previously received a tyrosine kinase inhibitor (TKI) if the condition is Philadelphia chromosome positive; AND Patient must have received insufficient therapy with this agent for this condition under the Induction treatment restriction to complete a maximum of 2 treatment cycles in a lifetime. According to the TGA-approved Product Information, hospitalisation is	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				recommended at minimum for the first 9 days of the first cycle and the first 2 days of the second cycle. For all subsequent cycle starts and re-initiation (e.g. if treatment is interrupted for 4 or more hours), supervision by a health care professional or hospitalisation is recommended. An amount of 784 mcg will be sufficient for a continuous infusion of blinatumomab over 28 days in cycle 2. Blinatumomab is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.	
C9523	P9523	CN9523	Ocrelizumab	Multiple sclerosis Initial treatment The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; or The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient; AND The treatment must be the sole PBS-subsidised disease modifying therapy for this condition; AND Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition; AND Patient must be ambulatory (without assistance or support); AND Must be treated by a neurologist. Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 9523
C9524	P9524	CN9524	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				antispastic agents; AND Patient must have chronic spasticity due to spinal cord disease.	Code 9524
C9525	P9525	CN9525	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to multiple sclerosis.	Compliance with Authority Required procedures - Streamlined Authority Code 9525
C9527	P9527	CN9527	Mannitol	Cystic fibrosis The treatment must be as monotherapy; AND Patient must be intolerant or inadequately responsive to dornase alfa; Patient must be 6 years of age or older. Patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved Product Information initiation dose assessment for this drug, prior to therapy with this drug, with a negative result. Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit. Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease. Initial therapy is limited to 3 months treatment with mannitol at a dose of 400 mg twice daily. To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient.	Compliance with Authority Required procedures - Streamlined Authority Code 9527

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.	
C9547	P9547	CN9547	Botulinum toxin type A purified neurotoxin complex Clostridium botulinum type A toxin - haemagglutinin complex IncobotulinumtoxinA	Moderate to severe spasticity of the upper limb following an acute event The condition must be moderate to severe spasticity of the upper limb/s following an acute event, defined as a Modified Ashworth Scale rating of 3 or more; AND The treatment must only be used as second line therapy when standard management has failed; or The treatment must only be used as an adjunct to physical therapy; AND The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A); AND The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per upper limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per upper limb each year thereafter; AND Patient must not have established severe contracture in the limb to be treated; Patient must be aged 18 years or older; Must be treated by a neurologist. or Must be treated by an orthopaedic surgeon. or Must be treated by a rehabilitation specialist. or Must be treated by a plastic surgeon. or Must be treated by a geriatrician. Standard management includes physiotherapy and/or oral spasticity agents.	Compliance with Authority Required procedures - Streamlined Authority Code 9547
C9549	P9549	CN9549	Dasatinib	Acute lymphoblastic leukaemia Continuing treatment The condition must be expressing the Philadelphia chromosome; or	Compliance with Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The condition must have the transcript BCR-ABL; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition as second-line therapy following treatment with imatinib; AND The condition must not have progressed.	
C9553	P9553	CN9553	Tocilizumab	Severe active juvenile idiopathic arthritis Continuing treatment Must be treated by a rheumatologist; or Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis; AND Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND Patient must have demonstrated an adequate response to treatment with this drug; AND Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction; Patient must be aged 18 years or older. An adequate response to treatment is defined as an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following (a) an active joint count of fewer than 10 active (swollen and tender) joints; or (b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or (c) a reduction in the number of the following active joints, from at least 4, by at least 50% (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as	Compliance with Written Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				joint destruction or bony overgrowth). Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response. The authority application must be made in writing and must include (1) completed authority prescription form(s); and (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form. Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				under a new cycle under the Initial 3 treatment restriction. If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.	
C9560	P9560	CN9560	Rifabutin	Mycobacterium avium complex infection Patient must be human immunodeficiency virus (HIV) positive.	Compliance with Authority Required procedures - Streamlined Authority Code 9560
C9562	P9562	CN9562	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity of cerebral origin.	Compliance with Authority Required procedures - Streamlined Authority Code 9562
C9571	P9571	CN9571	Trastuzumab	Metastatic (Stage IV) HER2 positive adenocarcinoma of the stomach or gastro-oesophageal junction Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not have progressive disease; AND The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.	Compliance with Authority Required procedures - Streamlined Authority Code 9571
C9573	P9573	CN9573	Trastuzumab	Metastatic (Stage IV) HER2 positive adenocarcinoma of the stomach or gastro-oesophageal junction Initial treatment Patient must have evidence of human epidermal growth factor receptor 2 (HER2) positivity as demonstrated by immunohistochemistry 2+ or more in tumour material; AND Patient must have evidence of HER2 gene amplification as demonstrated by	Compliance with Authority Required procedures - Streamlined Authority Code 9573

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				in situ hybridisation results based on more than 6 copies of HER2 in the same tumour tissue sample; AND Patient must have evidence of HER2 gene amplification as demonstrated by in situ hybridisation results based on the ratio of HER2 to chromosome 17 being more than 2 in the same tumour tissue sample; AND Patient must commence treatment in combination with platinum based chemotherapy and capecitabine; or Patient must commence treatment in combination with platinum based chemotherapy and 5 fluorouracil; AND Patient must not have previously received this drug for this condition; AND Patient must not have received prior chemotherapy for this condition; AND Patient must have a WHO performance status of 2 or less; AND The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.	
C9589	P9589	CN9589	Alemtuzumab	Multiple sclerosis Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not show continuing progression of disability while on treatment with this drug; AND Patient must not receive more than one PBS-subsidised treatment per year; AND The treatment must be the sole PBS-subsidised disease modifying therapy for this condition; AND Patient must have demonstrated compliance with, and an ability to tolerate this therapy; AND Must be treated by a neurologist.	Compliance with Authority Required procedures - Streamlined Authority Code 9589

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
C9590	P9590	CN9590	Deferiprone	Iron overload Patient must have thalassaemia major; AND Patient must be one in whom desferrioxamine therapy has proven ineffective.	Compliance with Authority Required procedures - Streamlined Authority Code 9590
C9591	P9591	CN9591	Dornase alfa	Cystic fibrosis Patient must have a severe clinical course with frequent respiratory exacerbations or chronic respiratory symptoms (including chronic or recurrent cough, wheeze or tachypnoea) requiring hospital admissions more frequently than 3 times per year; or Patient must have significant bronchiectasis on chest high resolution computed tomography scan; or Patient must have severe cystic fibrosis bronchiolitis with persistent wheeze non-responsive to conventional medicines; or Patient must have severe physiological deficit measure by forced oscillation technique or multiple breath nitrogen washout and failure to respond to conventional therapy; Patient must be less than 5 years of age. Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit. Following an initial 6 months therapy, a comprehensive assessment must be undertaken and documented. Treatment with this drug should cease if there is not agreement of benefit, as there is always the possibility of harm from unnecessary use. Further reassessments must be undertaken and documented at six-monthly intervals.	Compliance with Authority Required procedures - Streamlined Authority Code 9591
C9592	P9592	CN9592	Dornase alfa	Cystic fibrosis Continuing treatment Patient must have initiated treatment with dornase alfa at an age of less than 5 years; AND	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have undergone a comprehensive assessment which documents agreement that dornase alfa treatment is continuing to produce worthwhile benefit; Patient must be 5 years of age or older. Further reassessments must be undertaken and documented at six-monthly intervals. Treatment with this drug should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.	Code 9592
C9593	P9593	CN9593	Mannitol	Cystic fibrosis The treatment must be in combination with dornase alfa; AND Patient must be inadequately responsive to dornase alfa; AND Patient must have trialled hypertonic saline for this condition; Patient must be 6 years of age or older. Patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved Product Information initiation dose assessment for this drug, prior to therapy with this drug, with a negative result. Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit. Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease. Initial therapy is limited to 3 months treatment with mannitol at a dose of 400 mg twice daily. To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient. Further reassessments must be undertaken and documented at six-monthly	Compliance with Authority Required procedures - Streamlined Authority Code 9593

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.	
C9601	P9601	CN9601	Inotuzumab ozogamicin	Acute lymphoblastic leukaemia Consolidation treatment Patient must have previously received PBS-subsidised induction treatment with this drug for this condition; AND Patient must have achieved a complete remission; or Patient must have achieved a complete remission with partial haematological recovery; AND The treatment must not be more than 5 treatment cycles under this restriction in a lifetime; AND Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug. This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting. The treatment must not exceed 0.5mg per m^2 for all doses within a treatment cycle Treatment with this drug for this condition must not exceed 6 treatment cycles in a lifetime.	Compliance with Authority Required procedures
C9604	P9604	CN9604	Azithromycin	Mycobacterium avium complex infection The treatment must be for prophylaxis; AND Patient must be human immunodeficiency virus (HIV) positive; AND Patient must have CD4 cell counts of less than 75 per cubic millimetre.	Compliance with Authority Required procedures - Streamlined Authority Code 9604
C9606	P9606	CN9606	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND	Compliance with Authority Required procedures - Streamlined Authority Code 9606

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have chronic spasticity due to spinal cord disease.	
C9614	P9614	CN9614	Ponatinib	Acute lymphoblastic leukaemia Initial treatment The condition must be expressing the Philadelphia chromosome; or The condition must have the transcript BCR-ABL; AND Patient must have failed prior treatment with PBS-subsidised dasatinib for this condition. or Patient must have developed intolerance to PBS-subsidised dasatinib of a severity requiring treatment withdrawal. Failure of treatment with dasatinib is defined as either 1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with PBS-subsidised dasatinib for this condition; or 2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by PBS-subsidised dasatinib for this condition; or 3. Rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition. Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission; OR rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition. The authority application must be made in writing and must include 1. a completed authority prescription form; and 2. a completed Acute Lymphoblastic Leukaemia ponatinib PBS Authority Application - Supporting Information Form; and 3. a pathology report demonstrating that the patient has active acute	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				lymphoblastic leukaemia, manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided; or 4. pathology reports documenting rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition. The date of the relevant pathology report(s) need(s) to be provided	
C9622	P9622	CN9622	Rifabutin	Mycobacterium avium complex infection The treatment must be for prophylaxis; AND Patient must be human immunodeficiency virus (HIV) positive; AND Patient must have CD4 cell counts of less than 75 per cubic millimetre.	Compliance with Authority Required procedures - Streamlined Authority Code 9622
C9623	P9623	CN9623	Deferiprone	Iron overload Patient must have thalassaemia major; AND Patient must be unable to take desferrioxamine therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 9623
C9624	P9624	CN9624	Dornase alfa	Cystic fibrosis Patient must be 5 years of age or older. Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit. Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease. Initial therapy is limited to 3 months treatment with dornase alfa at a dose of 2.5 mg daily. To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment	Compliance with Authority Required procedures - Streamlined Authority Code 9624

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				(1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient. Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.	
C9625	P9625	CN9625	Certolizumab pegol	Ankylosing spondylitis Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; or Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment; AND The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions; AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.	Compliance with Authority Required procedures
C9635	P9635	CN9635	Ocrelizumab	Multiple sclerosis Continuing treatment	Compliance with Authority Required

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not show continuing progression of disability while on treatment with this drug; AND The treatment must be the sole PBS-subsidised disease modifying therapy for this condition; AND Patient must have demonstrated compliance with, and an ability to tolerate this therapy; AND Must be treated by a neurologist.	procedures - Streamlined Authority Code 9635
C9636	P9636	CN9636	Alemtuzumab	Multiple sclerosis Initial treatment The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; or The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient; AND The treatment must be the sole PBS-subsidised disease modifying therapy for this condition; AND Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition; AND Patient must be ambulatory (without assistance or support); AND Must be treated by a neurologist. Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 9636
C9637	P9637	CN9637	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or	Compliance with Authority Required procedures - Streamlined Authority

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to multiple sclerosis.	Code 9637
C9638	P9638	CN9638	Baclofen	Severe chronic spasticity Patient must have failed to respond to treatment with oral antispastic agents; or Patient must have had unacceptable side effects to treatment with oral antispastic agents; AND Patient must have chronic spasticity due to spinal cord injury.	Compliance with Authority Required procedures - Streamlined Authority Code 9638
C9639	P9639	CN9639	Interferon gamma-1b	Chronic granulomatous disease Patient must have frequent and severe infections despite adequate prophylaxis with antimicrobial agents.	Compliance with Authority Required procedures - Streamlined Authority Code 9639
C9651	P9651	CN9651	Golimumab	Moderate to severe ulcerative colitis Continuing treatment - balance of supply Must be treated by a gastroenterologist (code 87); or Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; AND Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment; AND The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.	Compliance with Authority Required procedures
C9688	P9688	CN9688	Darbepoetin alfa Epoetin alfa Epoetin beta	Anaemia associated with intrinsic renal disease Patient must require transfusion; AND Patient must have a haemoglobin level of less than 100 g per L; AND Patient must have intrinsic renal disease, as assessed by a nephrologist.	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
			Epoetin lambda Methoxy polyethylene glycol-epoetin beta		Code 9688
C9694	P9694	CN9694	Ciclosporin	Nephrotic syndrome Management (initiation, stabilisation and review of therapy) Patient must have failed prior treatment with steroids and cytostatic drugs; or Patient must be intolerant to treatment with steroids and cytostatic drugs; or The condition must be considered inappropriate for treatment with steroids and cytostatic drugs; AND Patient must not have renal impairment; AND Must be treated by a nephrologist.	Compliance with Authority Required procedures - Streamlined Authority Code 9694
C9695	P9695	CN9695	Ciclosporin	Severe atopic dermatitis Management (initiation, stabilisation and review of therapy) Must be treated by a dermatologist; or Must be treated by a clinical immunologist; AND The condition must be ineffective to other systemic therapies. or The condition must be inappropriate for other systemic therapies.	Compliance with Authority Required procedures - Streamlined Authority Code 9695
C9696	P9696	CN9696	Desferrioxamine	Disorders of erythropoiesis The condition must be associated with treatment-related chronic iron overload.	Compliance with Authority Required procedures - Streamlined Authority Code 9696
C9705	P9705	CN9705	Golimumab	Moderate to severe ulcerative colitis Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) Must be treated by a gastroenterologist (code 87); or Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or	Compliance with Written Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; AND Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND Patient must have a Mayo clinic score greater than or equal to 6; or Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); Patient must be aged 18 years or older. Application for authorisation must be made in writing and must include (a) a completed authority prescription form; and (b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following (i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and (ii) the details of prior biological medicine treatment including the details of date and duration of treatment. A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10. All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment. The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application. A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following	

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated. An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below. Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. Details of the accepted toxicities including severity can be found on the Department of Human Services website.	
C9742	P9742	CN9742	Ciclosporin	Severe active rheumatoid arthritis Management (initiation, stabilisation and review of therapy) The condition must have been ineffective to prior treatment with classical slow-acting anti-rheumatic agents (including methotrexate); or The condition must be considered inappropriate for treatment with slow-	Compliance with Authority Required procedures - Streamlined Authority Code 9742

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				acting anti-rheumatic agents (including methotrexate); AND Must be treated by a rheumatologist. or Must be treated by a clinical immunologist.	
C9745	P9745	CN9745	Golimumab	Moderate to severe ulcerative colitis Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply Must be treated by a gastroenterologist (code 87); or Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; AND Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); or Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); or Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); AND The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment.	Compliance with Authority Required procedures
C9762	P9762	CN9762	Lanthanum Sevelamer Sucroferric oxyhydroxide	Hyperphosphataemia Initiation and stabilisation The condition must not be adequately controlled by calcium; AND Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; or	Compliance with Authority Required procedures - Streamlined Authority Code 9762

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy; AND The treatment must not be used in combination with any other non-calcium phosphate binding agents; AND Patient must be undergoing dialysis for chronic kidney disease.	
C9764	P9764	CN9764	Ciclosporin	Management of transplant rejection Management (initiation, stabilisation and review of therapy) Patient must have had an organ or tissue transplantation; AND The treatment must be under the supervision and direction of a transplant unit.	Compliance with Authority Required procedures - Streamlined Authority Code 9764
C9770	P9770	CN9770	Golimumab	Moderate to severe ulcerative colitis Continuing treatment Must be treated by a gastroenterologist (code 87); or Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; Patient must be aged 18 years or older. Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug. Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response. At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.	Compliance with Authority Required procedures

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.	
C9822	P9822	CN9822	Golimumab	Moderate to severe ulcerative colitis Initial treatment - Initial 1 (new patient) Must be treated by a gastroenterologist (code 87); or Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; AND Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; AND Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; or Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				consecutive months or have intolerance necessitating permanent treatment withdrawal; or Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent; AND Patient must have a Mayo clinic score greater than or equal to 6; or Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); Patient must be aged 18 years or older. Application for authorisation of initial treatment must be in writing and must include (a) a completed authority prescription form; and (b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following (i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]. All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment. The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application. A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				adequate time for a response to be demonstrated. A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10. If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. Details of the accepted toxicities including severity can be found on the Department of Human Services website.	
C9823	P9823	CN9823	Golimumab	Moderate to severe ulcerative colitis Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) Must be treated by a gastroenterologist (code 87); or Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; AND Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND	Compliance with Written Authority Required procedures

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; Patient must be aged 18 years or older. Application for authorisation must be made in writing and must include (a) a completed authority prescription form; and (b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following (i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and (ii) the details of prior biological medicine treatment including the details of date and duration of treatment. A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10. An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below. Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised	

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
				treatment. Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug. If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.	
C9828	P9828	CN9828	Terbutaline	Bronchospasm Patient must be unable to achieve co-ordinated use of a metered dose inhaler containing a short-acting beta-2 agonist. or Patient must have developed a clinically important product-related adverse event during treatment with another short-acting beta-2 agonist. Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.	Compliance with Authority Required procedures - Streamlined Authority Code 9828
C9831	P9831	CN9831	Ciclosporin	Management of transplant rejection The treatment must be used by organ or tissue transplant recipients.	Compliance with Authority Required procedures - Streamlined Authority Code 9831
C9919	P9919	CN9919	Sodium phenylbutyrate	Urea cycle disorders Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition.	Compliance with Authority Required procedures - Streamlined Authority

Clause 1

Circumstances Code	Purposes Code	Conditions Code	Listed Drug	Circumstances and Purposes	Authority Requirements (part of Circumstances; or Conditions)
					Code 9919
C9981	P9981	CN9981	Dolutegravir with abacavir and lamivudine	HIV infection Initial treatment Patient must be antiretroviral treatment naive.	Compliance with Authority Required procedures - Streamlined Authority Code 9981
C9987	P9987	CN9987	Dolutegravir with lamivudine	HIV infection Initial treatment Patient must be antiretroviral treatment naive; AND Patient must not have suspected resistance to either antiretroviral component.	Compliance with Authority Required procedures - Streamlined Authority Code 9987
C9993	P9993	CN9993	Sodium phenylbutyrate	Urea cycle disorders Initial treatment Patient must have elevated ammonia levels that are not controlled with diet alone and other adjunct care alone.	Compliance with Authority Required procedures - Streamlined Authority Code 9993