|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name, Restriction,  Manner of administration and form | | Max.  Qty | №.of  Rpts | Proprietary Name and Manufacturer | |
| {Australian Approved Name}  {Forms(s)} {strength(s)} | | {n} | {n} | {Brand name} | {Sponsor} |
|  | | | | | |
| **Category / Program:** | GENERAL – General Schedule (Code GE)  GENERAL – General Schedule Palliative Care (Code PL)  Section 100 – Highly Specialised Drugs Program {Community Access}  Section 100 – IVF Program  Section 100 – Botulinum Toxin Program  Section 100 – Efficient Funding of Chemotherapy {Related Benefits} | | | | |
| **Prescriber type:** | Dental Medical Practitioners Nurse practitioners Optometrists  Midwives | | | | |
| **Episodicity:** |  | | | | |
| **Severity:** |  | | | | |
| **Condition:** |  | | | | |
| **PBS Indication:** |  | | | | |
| **Treatment phase:**  *e.g.initial/ continuing* |  | | | | |
| **Restriction Level / Method:** | Restricted benefit  Authority Required - In Writing  Authority Required – Telephone, Electronic  Streamlined | | | | |
| **Treatment criteria:**  *MUST USE THE FOLLOWING PREFIXES:*  *For care type: Patient must/must not be undergoing…*  *For location: Must/must not be treated in a(n)….*  *For prescriber: Must/must not be treated by a(n)…* |  | | | | |
| **Clinical criteria:**  *MUST USE THE FOLLOWING PREFIXES:*  *The condition must/must not…*  *Patient must/must not…*  *The treatment must/must not…* |  | | | | |
| **Population criteria:**  *MUST USE THE FOLLOWING PREFIXES:*  *For age, gender, other parameters: Patient must/must not…* |  | | | | |
| **Prescriber Instructions** |  | | | | |
| **Administrative Advice** |  | | | | |
| **Cautions** |  | | | | |