|  |  |  |  |
| --- | --- | --- | --- |
| Name, Restriction,Manner of administration and form | Max.Qty | №.ofRpts | 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 ProgramSection 100 – Botulinum Toxin ProgramSection 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** |  |