



**Australian Government**

**Department of Health**



# Schedule of Pharmaceutical Benefits

Efficient Funding of Chemotherapy

**Effective 1 January 2016 - 31 January 2016**



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This Schedule provides information on the arrangements for the prescribing and supply of pharmaceutical benefits. These arrangements operate under the *National Health Act 1953*. However, at the time of printing, the relevant legislation giving authority for the changes included in this issue of the Schedule may still be subject to the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment for the supply of pharmaceutical benefits. The legislation is available from the Federal Register of Legislative Instruments website at <http://www.frli.gov.au>.

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# Contents

<b>Summary of Changes</b> .....	<b>4</b>
<b>About the Supplement</b> .....	<b>7</b>
Symbols used in the Efficient Funding of Chemotherapy supplement .....	7
Remuneration arrangements.....	7
<b>Pharmaceutical Benefits Schedules</b> .....	<b>8</b>
Chemotherapy items for Private Hospital use .....	10
Chemotherapy items for Public Hospital use.....	49
Related Pharmaceutical Benefits for Public Hospital use.....	89
<b>Index of Manufacturers' Code</b> .....	<b>96</b>
<b>Generic/Proprietary Index</b> .....	<b>97</b>

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# Summary of Changes

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 January 2016. The Schedule is updated on the first day of each month and is available on the internet at [www.pbs.gov.au](http://www.pbs.gov.au).

## Efficient Funding of Chemotherapy (Private Hospital)

### Additions

#### Addition – Item

- 10575N **TRASTUZUMAB**,  
trastuzumab 60 mg injection, 1 x 60 mg vial (*Herceptin*);  
trastuzumab 150 mg injection, 1 x 150 mg vial (*Herceptin*)
- 10589H **TRASTUZUMAB**,  
trastuzumab 60 mg injection, 1 x 60 mg vial (*Herceptin*);  
trastuzumab 150 mg injection, 1 x 150 mg vial (*Herceptin*)
- 10597R **TRASTUZUMAB**,  
trastuzumab 60 mg injection, 1 x 60 mg vial (*Herceptin*);  
trastuzumab 150 mg injection, 1 x 150 mg vial (*Herceptin*)

#### Addition – Brand

- 7255W *Pemetrexed MYX, YN* – **PEMETREXED**, pemetrexed 100 mg injection, 1 x 100 mg vial
- 7255W *Pemetrexed MYX, YN* – **PEMETREXED**, pemetrexed 500 mg injection, 1 x 500 mg vial
- 7255W *Pemetrexed Sandoz, SZ* – **PEMETREXED**, pemetrexed 500 mg injection, 1 x 500 mg vial

### Deletions

#### Deletion – Brand

- 7249M *Hospira Pty Limited, HH* – **IRINOTECAN**, irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial

### Advance Notices

#### 1 February 2016

#### Deletion – Brand

- 10158P *Taxotere, SW* – **DOCETAXEL**, docetaxel 20 mg/mL injection, 1 x 1 mL vial
- 10158P *Taxotere, SW* – **DOCETAXEL**, docetaxel 80 mg/4 mL injection, 1 x 4 mL vial
- 7253R *Eloxatin, SW* – **OXALIPLATIN**, oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial
- 7253R *Eloxatin, SW* – **OXALIPLATIN**, oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial
- 7253R *Eloxatin, SW* – **OXALIPLATIN**, oxaliplatin 200 mg/40 mL injection, 1 x 40 mL vial

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## Efficient Funding of Chemotherapy (Public Hospital)

### Additions

#### Addition – Item

- 10581X **TRASTUZUMAB**,  
trastuzumab 60 mg injection, 1 x 60 mg vial (*Herceptin*);  
trastuzumab 150 mg injection, 1 x 150 mg vial (*Herceptin*)
- 10588G **TRASTUZUMAB**,  
trastuzumab 60 mg injection, 1 x 60 mg vial (*Herceptin*);  
trastuzumab 150 mg injection, 1 x 150 mg vial (*Herceptin*)
- 10595P **TRASTUZUMAB**,  
trastuzumab 60 mg injection, 1 x 60 mg vial (*Herceptin*);  
trastuzumab 150 mg injection, 1 x 150 mg vial (*Herceptin*)

#### Addition – Brand

- 4600D *Pemetrexed MYX, YN* – **PEMETREXED**, pemetrexed 100 mg injection, 1 x 100 mg vial
- 4600D *Pemetrexed MYX, YN* – **PEMETREXED**, pemetrexed 500 mg injection, 1 x 500 mg vial
- 4600D *Pemetrexed Sandoz, SZ* – **PEMETREXED**, pemetrexed 500 mg injection, 1 x 500 mg vial

### Deletions

#### Deletion – Brand

- 4451G *Hospira Pty Limited, HH* – **IRINOTECAN**, irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial

### Advance Notices

#### 1 February 2016

#### Deletion – Brand

- 10148D *Taxotere, SW* – **DOCETAXEL**, docetaxel 20 mg/mL injection, 1 x 1 mL vial
- 10148D *Taxotere, SW* – **DOCETAXEL**, docetaxel 80 mg/4 mL injection, 1 x 4 mL vial
- 4542C *Eloxatin, SW* – **OXALIPLATIN**, oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial
- 4542C *Eloxatin, SW* – **OXALIPLATIN**, oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial
- 4542C *Eloxatin, SW* – **OXALIPLATIN**, oxaliplatin 200 mg/40 mL injection, 1 x 40 mL vial



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# About the Supplement

The Schedule of Pharmaceutical Benefits – Efficient Funding of Chemotherapy supplement lists items distributed under section 100 of the National Health Act 1953.

The Supplement is published and is effective on the first day of each month. For detailed information about the prescribing and supply of chemotherapy benefits go to [www.pbs.gov.au](http://www.pbs.gov.au).

For information about the operational aspects of the Efficient Funding of Chemotherapy, such as, claiming, authority applications and stationery supplies contact the Department of Human Services at [www.humanservices.gov.au](http://www.humanservices.gov.au).

This supplement is split into three parts:

**Chemotherapy items for private hospital use.** This includes items subject to the revised arrangements, ie. chemotherapy drugs administered through infusion or injection

**Chemotherapy items for public hospital use.** This includes items subject to the revised arrangements, ie. chemotherapy drugs administered through infusion or injection

*PBS products available for private and public hospital use may be dispensed in accordance with the relevant section 100 special arrangements through community pharmacy.*

**Related pharmaceutical benefits for public hospital use.** This includes items such as antiemetics, antinauseants, immunostimulants and detoxifying agents for antineoplastic treatment

## Symbols used in the Efficient Funding of Chemotherapy supplement

- \* An asterisk in the dispensed price column indicates that the manufacturer's pack does not coincide with the maximum quantity
- ‡ A double dagger in the maximum quantity column indicates where the maximum quantity has been determined to match the manufacturer's pack. These packs cannot be broken and the maximum quantity should be supplied and claimed
- <sup>a</sup> or <sup>b</sup> Located immediately before brand names of an item indicates that the brands are equivalent for the purposes of substitution. These brands may be interchanged without differences in clinical effect

## Remuneration arrangements

Fees payable per item claimed:

### Section 90 Community Pharmacy (incl. section 92 approved practitioners)

- Ready Prepared Dispensing Fee (\$6.93)
- Preparation fee (\$82.67)
- Distribution fee (\$25.59)
- Diluent fee (\$5.07)

### Section 94 Approved Public Hospital Authority

- Preparation fee (\$82.67)

### Section 94 Approved Private Hospital Authority

- Ready Prepared Dispensing Fee (\$6.93)
- Preparation fee (\$82.67)
- Distribution fee (\$25.59) (not payable where the drug is trastuzumab)
- Diluent fee (\$5.07)

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# Pharmaceutical Benefits Schedules



# Chemotherapy items for Private Hospital use

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ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS .....	11
ANTINEOPLASTIC AGENTS .....	11
ALKYLATING AGENTS .....	11
ANTIMETABOLITES .....	11
PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS .....	14
CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES .....	16
OTHER ANTINEOPLASTIC AGENTS .....	18

## ■ ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

### ■ ANTINEOPLASTIC AGENTS

#### ALKYLATING AGENTS

##### *Nitrogen mustard analogues*

### ■ CYCLOPHOSPHAMIDE

#### Injection

7226H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2800 mg	17	..	*209.75	38.30	Endoxan [BX] (cyclophosphamide 1 g injection, 1 x 1 g vial) Endoxan [BX] (cyclophosphamide 2 g injection, 1 x 2 g vial) Endoxan [BX] (cyclophosphamide 500 mg injection, 1 x 500 mg vial)

### ■ IFOSFAMIDE

#### Injection

7248L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	4000 mg	19	..	*365.78	38.30	Holoxan [BX] (ifosfamide 1 g injection, 1 x 1 g vial) Holoxan [BX] (ifosfamide 2 g injection, 1 x 2 g vial)

##### *Nitrosoureas*

### ■ FOTEMUSTINE

#### Authority required (STREAMLINED)

**3181**

Metastatic malignant melanoma

#### Injection

7245H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	8	..	*2319.28	38.30	Muphoran [SE] (fotemustine 208 mg injection [1 x 208 mg vial] (&) inert substance diluent [1 x 4 mL ampoule], 1 pack)

#### ANTIMETABOLITES

##### *Folic acid analogues*

### ■ METHOTREXATE

#### Injection

7250N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	5	..	*157.86	38.30	Hospira Pty Limited [HH] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) Hospira Pty Limited [HH] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [HH] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [HH] (methotrexate 500 mg/20 mL injection, 1 x 20 mL vial) Methaccord [EA] (METHOTREXATE Injection 50 mg in 2 mL, 1) Methaccord [EA] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) Methotrexate Ebewe [SZ] (methotrexate 5 g/50 mL injection, 1 x 50 mL vial) Methotrexate MYX [YN] (METHOTREXATE Injection 50 mg in 2 mL, 1) Methotrexate MYX [YN] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial)

### ■ METHOTREXATE

#### Restricted benefit

Patients receiving treatment with a high dose regimen.

#### Injection

7251P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	20000 mg	..	..	*965.02	38.30	Hospira Pty Limited [HH] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) Hospira Pty Limited [HH] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials)

Hospira Pty Limited [HH] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials)  
 Hospira Pty Limited [HH] (methotrexate 500 mg/20 mL injection, 1 x 20 mL vial)  
 Methaccord [EA] (METHOTREXATE Injection 50 mg in 2 mL, 1)  
 Methaccord [EA] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial)  
 Methotrexate Ebewe [SZ] (methotrexate 5 g/50 mL injection, 1 x 50 mL vial)  
 Methotrexate MYX [YN] (METHOTREXATE Injection 50 mg in 2 mL, 1)  
 Methotrexate MYX [YN] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial)

## ■ PEMETREXED

### Authority required (STREAMLINED)

**4792**

Locally advanced or metastatic non-small cell lung cancer

#### **Clinical criteria:**

Patient must have received prior treatment with platinum-based chemotherapy.

The patient's body surface area (BSA) must be documented in the patient's medical records at the time the treatment cycle is initiated

Doses greater than 500 mg per metre squared BSA are not PBS-subsidised

### Authority required (STREAMLINED)

**4789**

Mesothelioma

#### **Clinical criteria:**

The treatment must be in combination with cisplatin.

The patient's body surface area (BSA) must be documented in the patient's medical records at the time the treatment cycle is initiated

Doses greater than 500 mg per metre squared BSA are not PBS-subsidised

### **Injection**

7255W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1100 mg	5	..	*3600.00	38.30	Alimta [LY] (pemetrexed 100 mg injection, 1 x 100 mg vial) Alimta [LY] (pemetrexed 500 mg injection, 1 x 500 mg vial) Pemetrexed MYX [YN] (pemetrexed 100 mg injection, 1 x 100 mg vial) Pemetrexed MYX [YN] (pemetrexed 500 mg injection, 1 x 500 mg vial) Pemetrexed Sandoz [SZ] (pemetrexed 500 mg injection, 1 x 500 mg vial)

## ■ RALTITREXED

### Authority required (STREAMLINED)

**3185**

For use as a single agent in the treatment of advanced colorectal cancer

### **Injection**

7256X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7 mg	8	..	*1422.10	38.30	Tomudex [HH] (raltitrexed 2 mg injection, 1 x 2 mg vial)

### *Purine analogues*

## ■ CLADRIBINE

### Authority required (STREAMLINED)

**3180**

Hairy cell leukaemia

### **Injection**

7225G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	17 mg	6	..	*1419.12	38.30	Leustatin [JC] (cladribine 10 mg/10 mL injection, 1 x 10 mL vial) Litak [OA] (cladribine 10 mg/5 mL injection, 1 x 5 mL vial)

## ■ FLUDARABINE

**Note** Pharmaceutical benefits that have the form fludarabine phosphate powder for I.V. injection 50 mg (after reconstitution) and pharmaceutical benefits that have the form fludarabine phosphate solution for I.V. injection 50 mg are equivalent for the purposes of substitution.

### Authority required (STREAMLINED)

**3887**

B-cell chronic lymphocytic leukaemia in combination with cyclophosphamide where the patient has advanced disease (Binet Stage B or C) or evidence of progressive Stage A disease.

Stage A progressive disease is defined by at least one of the following: persistent rise in lymphocyte count with doubling time less than 12 months; a downward trend in haemoglobin or platelets, or both; more than 50% increase in the size of liver, spleen, or lymph nodes, or appearance of these signs if not previously present; constitutional symptoms attributable to disease.

The diagnosis of chronic lymphocytic leukaemia (CLL) must have been established based on:

- (a) a lymphocytosis, with more than 5,000 million lymphocytes per L in the peripheral blood; and
- (b) a clonal population of B-cells (CD5/CD19) documented by flow cytometry

**Injection**

7233Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	55 mg	29	..	*144.28	38.30	Fludara [GZ] (fludarabine phosphate 50 mg injection, 5 x 50 mg vials) Fludarabine Ebewe [SZ] (fludarabine phosphate 50 mg/2 mL injection, 5 x 2 mL vials)

*Pyrimidine analogues*

▪ **CYTARABINE**

**Injection**

7227J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7000 mg	15	..	*836.36	38.30	Pfizer Australia Pty Ltd [PF] (cytarabine 100 mg/5 mL injection, 5 x 5 mL vials)

▪ **FLUOROURACIL**

Restricted benefit

For patients requiring administration of fluorouracil by intravenous infusion.

**Injection**

7234R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5500 mg	11	..	*171.74	38.30	DBL Fluorouracil Injection BP [HH] (fluorouracil 1 g/20 mL injection, 5 x 20 mL vials) DBL Fluorouracil Injection BP [HH] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 1 g/20 mL injection, 1 x 20 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 5 g/100 mL injection, 1 x 100 mL vial) Hospira Pty Limited [HH] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials)

▪ **FLUOROURACIL**

Restricted benefit

For patients requiring administration of fluorouracil by intravenous injection.

**Injection**

7239B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	23	..	*129.62	38.30	DBL Fluorouracil Injection BP [HH] (fluorouracil 1 g/20 mL injection, 5 x 20 mL vials) DBL Fluorouracil Injection BP [HH] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 1 g/20 mL injection, 1 x 20 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 5 g/100 mL injection, 1 x 100 mL vial) Hospira Pty Limited [HH] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials)

▪ **GEMCITABINE**

**Caution** Pharmaceutical benefits containing gemcitabine may have different concentrations.

**Note** Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 1 g (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 1 g (as hydrochloride) in 25 mL, gemcitabine solution concentrate for I.V. infusion 1000 mg (as hydrochloride) in 100 mL and gemcitabine solution for injection 1 g (as hydrochloride) in 26.3 mL are equivalent for the purposes of substitution.

**Note** Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 2 g (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 2 g (as hydrochloride) in 50 mL and gemcitabine solution for injection 2 g (as hydrochloride) in 52.6 mL are equivalent for the purposes of substitution.

**Note** Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 200 mg (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 5 mL, gemcitabine solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 20 mL and gemcitabine solution for injection 200 mg (as hydrochloride) in 5.3 mL are equivalent for the purposes of substitution.

## Injection

7246J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mg	17	..	*160.70	38.30	DBL Gemcitabine for Injection [HH] (gemcitabine 1 g injection, 1 x 1 g vial) DBL Gemcitabine for Injection [HH] (gemcitabine 2 g injection, 1 x 2 g vial) DBL Gemcitabine for Injection [HH] (gemcitabine 200 mg injection, 1 x 200 mg vial) DBL Gemcitabine Injection [HH] (gemcitabine 1 g/26.3 mL injection, 1 x 26.3 mL vial) DBL Gemcitabine Injection [HH] (gemcitabine 2 g/52.6 mL injection, 1 x 52.6 mL vial) DBL Gemcitabine Injection [HH] (gemcitabine 200 mg/5.3 mL injection, 1 x 5.3 mL vial) Gemaccord [EA] (gemcitabine 1 g injection, 1 x 1 g vial) Gemaccord [EA] (gemcitabine 200 mg injection, 1 x 200 mg vial) Gemcitabine Actavis [GN] (gemcitabine 1 g injection, 1 x 1 g vial) Gemcitabine Actavis 2000 [EA] (gemcitabine 2 g injection, 1 x 2 g vial) Gemcitabine Ebewe [SZ] (gemcitabine 1 g injection, 1 x 1 g vial) Gemcitabine Ebewe [SZ] (gemcitabine 1 g/100 mL injection, 1 x 100 mL vial) Gemcitabine Ebewe [SZ] (gemcitabine 200 mg injection, 1 x 200 mg vial) Gemcitabine Ebewe [SZ] (gemcitabine 200 mg/20 mL injection, 1 x 20 mL vial) Gemcitabine Ebewe [SZ] (gemcitabine 500 mg/50 mL injection, 1 x 50 mL vial) Gemcitabine Kabi [PK] (gemcitabine 1 g injection, 1 x 1 g vial) Gemcitabine Sun [ZF] (gemcitabine 1 g injection, 1 x 1 g vial) Gemcitabine Sun [ZF] (gemcitabine 200 mg injection, 1 x 200 mg vial)

## PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

### *Vinca alkaloids and analogues*

#### ■ VINBLASTINE

##### Injection

7261E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	20 mg	17	..	*198.54	38.30	Hospira Pty Limited [HH] (vinblastine sulfate 10 mg/10 mL injection, 5 x 10 mL vials)

#### ■ VINCRISTINE

##### Injection

7262F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2 mg	7	..	*138.34	38.30	Hospira Pty Limited [HH] (vincristine sulfate 1 mg/mL injection, 5 x 1 mL vials)

#### ■ VINOURELBINE

##### Injection

7263G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	70 mg	7	..	*173.77	38.30	Hospira Pty Limited [HH] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial) Hospira Pty Limited [HH] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial) Navelbine [FB] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial) Navelbine [FB] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial)

Vinorelbine Ebewe [SZ] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial)  
 Vinorelbine Ebewe [SZ] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial)  
 Vinorelbine Kabi [PK] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial)

*Podophyllotoxin derivatives*

▪ **ETOPOSIDE**

**Injection**

7237X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	440 mg	14	..	*299.11	38.30	Etopophos [BQ] (etoposide 1 g injection, 1 x 1 g vial) Etopophos [BQ] (etoposide 100 mg injection, 1 x 100 mg vial) Etoposide Ebewe [SZ] (etoposide 100 mg/5 mL injection, 5 x 5 mL vials)

*Taxanes*

▪ **CABAZITAXEL**

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4662**

Castration resistant metastatic carcinoma of the prostate

**Clinical criteria:**

The treatment must be in combination with prednisone or prednisolone, **AND**

The treatment must not be used in combination with abiraterone, **AND**

Patient must have failed treatment with docetaxel due to resistance or intolerance, **AND**

Patient must have a WHO performance status of 2 or less, **AND**

Patient must not receive PBS-subsidised cabazitaxel if progressive disease develops while on cabazitaxel.

**Injection**

7236W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	55 mg	5	..	*6016.41	38.30	Jevtana [SW] (CABAZITAXEL Jevtana Concentrated injection 60 mg (as acetone solvate) in 1.5 mL, with diluent, 1)

▪ **DOCETAXEL**

**Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL, docetaxel solution concentrate for I.V. infusion 20 mg in 2 mL and docetaxel powder for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution.

Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL, docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL and docetaxel powder for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.

**Injection**

10158P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	5	..	*170.79	38.30	DBL Docetaxel Concentrated Injection [HH] (docetaxel 160 mg/16 mL injection, 1 x 16 mL vial) DBL Docetaxel Concentrated Injection [HH] (docetaxel 20 mg/2 mL injection, 1 x 2 mL vial) DBL Docetaxel Concentrated Injection [HH] (docetaxel 80 mg/8 mL injection, 1 x 8 mL vial) Docetaxel Sandoz [SZ] (docetaxel 80 mg/8 mL injection, 1 x 8 mL vial) Oncotaxel 140 [EA] (docetaxel 140 mg/7 mL injection, 1 x 7 mL vial) Oncotaxel 80 [EA] (docetaxel 80 mg/4 mL injection, 1 x 4 mL vial) Taxotere [SW] (docetaxel 20 mg/mL injection, 1 x 1 mL vial) Taxotere [SW] (docetaxel 80 mg/4 mL injection, 1 x 4 mL vial)

▪ **PACLITAXEL**

**Injection**

7254T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	3	..	*262.46	38.30	Anzatax [HH] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial) Anzatax [HH] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial) Anzatax [HH] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial) Anzatax [HH] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)

Paclitaxel ACT [EF] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial)  
 Paclitaxel ACT [EF] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial)  
 Paclitaxel ACT [EF] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial)  
 Paclitaxel ACT [EF] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)  
 Paclitaxel Actavis [EA] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial)  
 Paclitaxel Actavis [EA] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial)  
 Paclitaxel Actavis [EA] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial)  
 Paclitaxel Actavis [EA] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)  
 Paclitaxel Ebewe [SZ] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial)  
 Paclitaxel Ebewe [SZ] (paclitaxel 30 mg/5 mL injection, 5 x 5 mL vials)  
 Paclitaxel Ebewe [SZ] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)  
 Paclitaxel Kabi [PK] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial)  
 Paclitaxel Kabi [PK] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)  
 Plaxel [ED] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial)  
 Plaxel [ED] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial)  
 Plaxel [ED] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial)  
 Plaxel [ED] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)

#### ■ PACLITAXEL NANOPARTICLE ALBUMIN BOUND

**Note** Not for use as neoadjuvant or adjuvant therapy.

##### Authority required (STREAMLINED)

**4657**

Stage IV (metastatic) adenocarcinoma of the pancreas

##### **Clinical criteria:**

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.

##### **Injection**

10150F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	275 mg	11	..	*1341.56	38.30	Abraxane [TS] (paclitaxel nanoparticle albumin bound 100 mg injection, 1 x 100 mg vial)

#### ■ PACLITAXEL NANOPARTICLE ALBUMIN BOUND

##### Authority required (STREAMLINED)

**3955**

Metastatic breast cancer

##### Authority required (STREAMLINED)

**3956**

Treatment of HER2 positive breast cancer in combination with trastuzumab

##### **Injection**

7270P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	580 mg	5	..	*2562.86	38.30	Abraxane [TS] (paclitaxel nanoparticle albumin bound 100 mg injection, 1 x 100 mg vial)

## CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES

### *Anthracyclines and related substances*

#### ■ DOXORUBICIN

##### **Injection/intravesical**

7229L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	135 mg	11	..	*148.03	38.30	Accord Doxorubicin [EA] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial)

Doxorubicin Ebewe [SZ] (doxorubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial)  
 Doxorubicin MYX [YN] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial)  
 Doxorubicin SZ [HX] (doxorubicin hydrochloride 10 mg/5 mL injection, 1 x 5 mL vial)  
 Doxorubicin SZ [HX] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial)  
 Hospira Pty Limited [HH] (doxorubicin hydrochloride 10 mg/5 mL injection, 1 x 5 mL vial)  
 Hospira Pty Limited [HH] (doxorubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial)

▪ **DOXORUBICIN HYDROCHLORIDE-PEGYLATED LIPOSOMAL**

**Authority required (STREAMLINED)**

**4786**

Advanced epithelial ovarian cancer

**Clinical criteria:**

Patient must have failed a first-line platinum-based chemotherapy regimen.

**Authority required (STREAMLINED)**

**4791**

Metastatic breast cancer

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

Patient must have failed prior therapy which included capecitabine and a taxane.

**Authority required (STREAMLINED)**

**4787**

Metastatic breast cancer

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

Patient must have a contraindication to therapy with capecitabine and/or a taxane.

**Injection**

7230M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	100 mg	5	..	*2173.56	38.30	Caelyx [JC] (doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial) Caelyx [JC] (doxorubicin hydrochloride-pegylated liposomal 50 mg/25 mL injection, 1 x 25 mL vial) Liposomal Doxorubicin SUN [ZF] (doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial) Liposomal Doxorubicin SUN [ZF] (doxorubicin hydrochloride-pegylated liposomal 50 mg/25 mL injection, 1 x 25 mL vial)

▪ **EPIRUBICIN**

**Injection/intravesical**

7231N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	5	..	*454.86	38.30	DBL Epirubicin Hydrochloride Injection [HH] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial) Epirubicin ACT [EA] (epirubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial) Epirubicin ACT [EA] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial) Epirubicin ACT [EA] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial) Epirubicin Kabi [PK] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial) Epirubicin SZ [HX] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial) Hospira Pty Limited [HH] (epirubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial) Hospira Pty Limited [HH] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial)

▪ **IDARUBICIN**

**Restricted benefit**

Acute myelogenous leukaemia

**Injection**

7247K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*385.91	38.30	Idarubicin Ebewe [SZ] (idarubicin hydrochloride 10 mg/10 mL injection, 1 x 10 mL vial)

Idarubicin Ebewe [SZ] (idarubicin hydrochloride 5 mg/5 mL injection, 1 x 5 mL vial)  
 Zavedos Solution [PF] (IDARUBICIN HYDROCHLORIDE Solution for I.V. injection 10 mg in 10 mL, 6)  
 Zavedos Solution [PF] (IDARUBICIN HYDROCHLORIDE Solution for I.V. injection 5 mg in 5 mL, 3)

## ■ MITOZANTRONE

### Injection

7252Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*245.00	38.30	Hospira Pty Limited [HH] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial) Mitozantrone Ebewe [SZ] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial) Onkotrone [BX] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial) Onkotrone [BX] (mitozantrone 25 mg/12.5 mL injection, 1 x 12.5 mL vial)

### Other cytotoxic antibiotics

## ■ BLEOMYCIN SULFATE

### Restricted benefit

Germ cell neoplasms

### Restricted benefit

Lymphoma

### Injection

7244G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30000 iu	11	..	*298.98	38.30	Bleo 15K [EA] (bleomycin sulfate 15 000 international units injection, 1 x 15 000 international units vial) Hospira Pty Limited [HH] (bleomycin sulfate 15 000 international units injection, 1 x 15 000 international units vial)

## OTHER ANTINEOPLASTIC AGENTS

### Platinum compounds

## ■ CARBOPLATIN

### Injection

7222D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	5	..	*171.56	38.30	Carbaccord [EA] (carboplatin 150 mg/15 mL injection, 1 x 15 mL vial) Carbaccord [EA] (carboplatin 50 mg/5 mL injection, 1 x 5 mL vial) Carboplatin Kabi [PK] (carboplatin 450 mg/45 mL injection, 1 x 45 mL vial) Hospira Pty Limited [HH] (carboplatin 150 mg/15 mL injection, 1 x 15 mL vial) Hospira Pty Limited [HH] (carboplatin 450 mg/45 mL injection, 1 x 45 mL vial) Hospira Pty Limited [HH] (carboplatin 50 mg/5 mL injection, 1 x 5 mL vial)

## ■ CISPLATIN

### Injection

7224F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	14	..	*166.23	38.30	Cisplatin Ebewe [SZ] (cisplatin 100 mg/100 mL injection, 1 x 100 mL vial) Hospira Pty Limited [HH] (cisplatin 100 mg/100 mL injection, 1 x 100 mL vial) Hospira Pty Limited [HH] (cisplatin 50 mg/50 mL injection, 1 x 50 mL vial)

## ■ OXALIPLATIN

**Note** Pharmaceutical benefits that have the form oxaliplatin powder for I.V. infusion 50 mg (after reconstitution) and pharmaceutical benefits that have the form oxaliplatin solution concentrate for I.V. infusion 50 mg are equivalent for the purposes of substitution.

**Note** Pharmaceutical benefits that have the form oxaliplatin powder for I.V. infusion 100 mg (after reconstitution) and pharmaceutical benefits that have the form oxaliplatin solution concentrate for I.V. infusion 100 mg are equivalent for the purposes of substitution.

**Injection**

7253R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	11	..	*149.43	38.30	DBL Oxaliplatin Concentrate [HH] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) DBL Oxaliplatin Concentrate [HH] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial) Eloxatin [SW] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Eloxatin [SW] (oxaliplatin 200 mg/40 mL injection, 1 x 40 mL vial) Eloxatin [SW] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial) Oxaliccord [EA] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Oxaliplatin Kabi [PK] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Oxaliplatin MYX [YN] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Oxaliplatin SUN [ZF] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Oxaliplatin SUN [ZF] (oxaliplatin 200 mg/40 mL injection, 1 x 40 mL vial) Oxaliplatin SUN [ZF] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial) Oxaliplatin SZ [HX] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial)

**Monoclonal antibodies**

▪ **BEVACIZUMAB**

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4584**

Advanced International Federation of Gynecology and Obstetrics (FIGO) Stage IIIB, IIIC or Stage IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously received PBS-subsidised treatment with bevacizumab for this condition, **AND**

Patient must not have progressive disease, **AND**

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks, **AND**

The treatment must not exceed a lifetime total of 18 cycles of bevacizumab for epithelial ovarian, fallopian tube or primary peritoneal cancer.

**Injection**

10114H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	11	..	*4044.44	38.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 1 x 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 1 x 16 mL vial)

▪ **BEVACIZUMAB**

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4814**

Advanced International Federation of Gynecology and Obstetrics (FIGO) Stage IIIB, IIIC or Stage IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial treatment

**Clinical criteria:**

The condition must be suboptimally debulked (maximum diameter of any gross residual disease greater than 1 cm) only if the patient presents with Stage IIIB or Stage IIIC disease, **AND**

Patient must have a WHO performance status of 2 or less, **AND**

The condition must be previously untreated, **AND**

The treatment must be commenced in combination with platinum-based chemotherapy, **AND**

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks, **AND**

The treatment must not exceed a lifetime total of 18 cycles of bevacizumab for epithelial ovarian, fallopian tube or primary peritoneal cancer.

The patient's WHO performance status and body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

**Injection**

10120P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	5	..	*4044.44	38.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 1 x 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 1 x 16 mL vial)

**■ BEVACIZUMAB**

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)****4594**

Metastatic colorectal cancer

Treatment Phase: Initial treatment

**Clinical criteria:**The condition must be previously untreated, **AND**Patient must have a WHO performance status of 0 or 1, **AND**The treatment must be in combination with first-line chemotherapy, **AND**

The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

The patient's WHO performance status and body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

**Authority required (STREAMLINED)****4587**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**Patient must have previously received PBS-subsidised treatment with bevacizumab for this condition, **AND**Patient must not have progressive disease, **AND**The treatment must be in combination with first-line chemotherapy, **AND**

The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

The patient's body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

**Authority required (STREAMLINED)****4939**

Metastatic colorectal cancer

Treatment Phase: Initial treatment

**Clinical criteria:**Patient must have RAS wild-type metastatic colorectal cancer, **AND**Patient must be previously treated with PBS-subsidised first-line anti-EGFR antibodies, **AND**Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**Patient must have a WHO performance status of 0 or 1, **AND**The treatment must be in combination with second-line chemotherapy, **AND**

The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

**Note** This drug is not PBS-subsidised for use in combination with an anti-EGFR antibody.

**Authority required (STREAMLINED)****4968**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**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 be in combination with second-line chemotherapy, **AND**

The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

**Note** This drug is not PBS-subsidised for use in combination with an anti-EGFR antibody.

**Note** Bevacizumab is not PBS-subsidised when chemotherapy partners are switched whilst maintaining a bevacizumab backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Injection**

7243F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	11	..	*4044.44	38.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 1 x 4 mL vial)

Avastin [RO] (bevacizumab 400 mg/16 mL injection, 1 x 16 mL vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

CD30 positive systemic anaplastic large cell lymphoma

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must not have progressive disease, **AND**

Patient must have previously been issued with an authority prescription for this drug.

The treatment must not exceed a lifetime total of 16 cycles.

**Injection**

10180T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*21617.06	38.30	Adcetris [TK] (brentuximab vedotin 50mg injection, 1 x 50 mg vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** No increase in the maximum number of repeats may be authorised.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

CD30 positive systemic anaplastic large cell lymphoma

Treatment Phase: Initial treatment

**Clinical criteria:**

The treatment must be for curative intent, **AND**

Patient must have undergone appropriate prior front-line curative intent chemotherapy, **AND**

Patient must demonstrate relapsed or chemotherapy-refractory disease.

Applications for authorisation of initial treatment must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Systemic anaplastic large cell lymphoma Brentuximab PBS Authority Application - Supporting Information Form which includes the following:

(i) a histology report including evidence of the tumour's CD30 positivity from a biopsy subsequent to the most recently delivered prior treatment with radiation, chemotherapy, biologics, immunotherapy or other agents;

(ii) The date of initial diagnosis of systemic anaplastic large cell lymphoma;

(iii) Dates of commencement and completion of front-line curative intent chemotherapy;

(iv) a declaration of whether the patient's disease is relapsed or refractory, and the date and means by which the patient's disease was assessed as being relapsed or refractory;

(v) a declaration of whether the patient has had, or is planned to have, a transplant

A maximum quantity and number of repeats to provide for an initial course of brentuximab vedotin of 4 cycles will be authorised as part of the initiating restriction.

**Injection**

10172J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*21617.06	38.30	Adcetris [TK] (brentuximab vedotin 50mg injection, 1 x 50 mg vial)

▪ **CETUXIMAB**

**Note** A maximum lifetime supply for this indication is limited to a maximum of 8 treatments per site and to 10 treatments per site for patients in whom radiotherapy is interrupted.

**Authority required (STREAMLINED)**

**4788**

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx

Treatment Phase: Continuing treatment

**Clinical criteria:**

The treatment must be in combination with radiotherapy, **AND**

Patient must be unable to tolerate cisplatin; OR  
 Patient must have a contraindication to cisplatin according to the TGA-approved Product Information.

### Injection

7240C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	5	..	*2194.88	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

### ■ CETUXIMAB

**Note** No increase in the maximum number of repeats may be authorised.

#### Authority required (STREAMLINED)

##### 4794

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx

Treatment Phase: Initial treatment

#### **Clinical criteria:**

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.

#### Authority required (STREAMLINED)

##### 4785

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx

Treatment Phase: Initial treatment

#### **Clinical criteria:**

The treatment must be in combination with radiotherapy, **AND**

Patient must be unable to tolerate cisplatin.

### Injection

7223E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	880 mg	..	..	*3232.19	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

### ■ CETUXIMAB

**Note** Special Pricing Arrangements apply.

**Note** This drug is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.

#### Authority required (STREAMLINED)

##### 4965

Metastatic colorectal cancer

Treatment Phase: Initial treatment

#### **Clinical criteria:**

Patient must have RAS wild-type metastatic colorectal cancer, **AND**

Patient must have a WHO performance status of 2 or less, **AND**

The condition must have failed to respond to first-line chemotherapy, **AND**

The treatment must be as monotherapy; OR

The treatment must be in combination with chemotherapy, **AND**

The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab.

Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab.

#### Authority required (STREAMLINED)

##### 4908

Metastatic colorectal cancer

Treatment Phase: Initial treatment

#### **Clinical criteria:**

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.

### Injection

7242E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	880 mg	..	..	*3232.19	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial)

Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

▪ **CETUXIMAB**

**Note** Special Pricing Arrangements apply.

**Note** This drug is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.

**Note** This drug is not PBS-subsidised when chemotherapy partners are switched whilst maintaining an anti-EGFR antibody backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Authority required (STREAMLINED)**

**4912**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

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.

**Injection**

10265G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	18	..	*2194.88	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial)
						Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

▪ **CETUXIMAB**

**Note** Special Pricing Arrangements apply.

**Note** This drug is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.

**Note** This drug is not PBS-subsidised when chemotherapy partners are switched whilst maintaining an anti-EGFR antibody backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Authority required (STREAMLINED)**

**4945**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have received an initial authority prescription for this drug for treatment of RAS wild-type metastatic colorectal cancer after failure of first-line chemotherapy, **AND**

Patient must not have progressive disease, **AND**

The treatment must be as monotherapy; OR

The treatment must be in combination with chemotherapy, **AND**

The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab.

Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab.

**Injection**

7273T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	11	..	*2194.88	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial)
						Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

▪ **IPIILIMUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4254**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

**Clinical criteria:**

The treatment must be as monotherapy, **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.

**Note** For patients who commence therapy with ipilimumab:

(i) Decisions concerning efficacy should await completion of the entire induction regimen (four doses) and should be made in conjunction with established criteria for immunological responses. However induction may be ceased or delayed if symptomatic progressive disease or intolerable adverse events occur and if, in the opinion of the clinician, continuation of treatment poses a risk to the patient;

(ii) Tumour responses may occur beyond the initial 12 week induction phase and evaluation for potential later responses should be undertaken regularly for the first year.

**Authority required (STREAMLINED)**

**4261**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Re-induction treatment

**Clinical criteria:**

The treatment must be as monotherapy, **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 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.

**Injection**

2638W

Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
360 mg	3	..	*48159.70	38.30	Yervoy [BQ] (ipilimumab 200 mg/40 mL injection, 1 x 40 mL vial) Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 1 x 10 mL vial)

▪ **IPILIMUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4251**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Completion of induction treatment

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

The treatment must be for completion of induction treatment in a patient who commenced induction treatment with ipilimumab prior to 1 August 2013, **AND**

The treatment must not exceed a total of 4 doses (combined PBS-subsidised and non-PBS-subsidised) 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.

For patients who commenced induction treatment with ipilimumab prior to 1 August 2013 prescribers should request the appropriate number of repeats to provide a total of 4 doses of ipilimumab (combined PBS-subsidised and non-PBS subsidised).

**Note** For patients who commence therapy with ipilimumab:

(i) Decisions concerning efficacy should await completion of the entire induction regimen (four doses) and should be made in conjunction with established criteria for immunological responses. However induction may be ceased or delayed if symptomatic progressive disease or intolerable adverse events occur and if, in the opinion of the clinician, continuation of treatment poses a risk to the patient;

(ii) Tumour responses may occur beyond the initial 12 week induction phase and evaluation for potential later responses should be undertaken regularly for the first year.

**Authority required (STREAMLINED)**

**4252**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Completion of re-induction treatment

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

Patient must have progressive disease after achieving an initial objective response to the most recent course of ipilimumab treatment (induction or re-induction) received prior to 1 August 2013, **AND**

The treatment must be for completion of re-induction treatment in a patient who commenced re-induction treatment with ipilimumab prior to 1 August 2013, **AND**

The treatment must not exceed a total of 4 doses (combined PBS-subsidised and non-PBS-subsidised) 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 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.

For patients who commenced re-induction treatment with ipilimumab prior to 1 August 2013 prescribers should request the appropriate number of repeats to provide a maximum of 4 doses of ipilimumab (combined PBS-subsidised and non-PBS-subsidised).

**Injection**

2643D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	2	..	*48159.70	38.30	Yervoy [BQ] (ipilimumab 200 mg/40 mL injection, 1 x 40 mL vial)
						Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 1 x 10 mL vial)

**OBINUTUZUMAB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
 Prior Written Approval of Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

**Note** Obinutuzumab is not to be used as monotherapy or in combination with anti-cancer drugs other than chlorambucil.

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic lymphocytic leukaemia (CLL)

**Clinical criteria:**

Patient must require treatment for CD20 positive chronic lymphocytic leukaemia (CLL), **AND**

The condition must be previously untreated, **AND**

Patient must be inappropriate for fludarabine based chemo-immunotherapy, **AND**

The treatment must be in combination with chlorambucil, **AND**

Patient must have a creatinine clearance 30 mL/min or greater, **AND**

Patient must have a total cumulative illness rating scale (CIRS) score of greater than 6 (excluding CLL-induced illness or organ damage); OR

Patient must have a creatinine clearance less than 70 mL/min.

Treatment must be discontinued in patients who experience disease progression while on treatment.

Applications for authorisation must be in writing and must include:

(a) a completed authority prescription form; **AND**

(b) a completed CD20 positive Chronic Lymphocytic Leukaemia PBS Authority Application - Supporting Information Form which includes:

i) documentation that the patient has CD20 positive CLL (flow cytometry pathology report from blood or bone marrow, noting that this may be from some time earlier); **AND**

ii) a statement that the patient is previously untreated, is inappropriate for fludarabine based chemo immunotherapy, that treatment will be in combination with chlorambucil; **AND**

iii) documentation that the patient has a creatinine clearance 30 mL/min or greater; **AND**

iv) One of the following, either:

- A completed cumulative illness rating scale (CIRS) score form demonstrating that the patient has a score of greater than 6 (excluding CLL-induced illness or organ damage)

OR

-Documentation that the patient has a creatinine clearance less than 70 mL/min;

**Injection**

10418H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	7	..	*5487.36	38.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

**OFATUMUMAB**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)****4858**Chronic lymphocytic leukaemia (CLL)  
Treatment Phase: Continuing treatment**Clinical criteria:**

The condition must be CD20 positive chronic lymphocytic leukaemia (CLL), **AND**  
 Patient must have previously been issued with an authority prescription for this drug, **AND**  
 Patient must not have progressive disease, **AND**  
 Patient must be inappropriate for fludarabine based therapy, **AND**  
 The treatment must be in combination with chlorambucil.

**Injection**

10237T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*3553.25	38.30	Arzerra [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial)

**■ OFATUMUMAB****Note** An initial dose of 1300 mg of PBS-subsidised ofatumumab must be made up of 3 vials of 100 mg and 1 vial of 1000 mg.**Note** No increase in the maximum quantity or number of units may be authorised.**Note** Special Pricing Arrangements apply.**Authority required (STREAMLINED)****4828**Chronic lymphocytic leukaemia (CLL)  
Treatment Phase: Initial treatment**Clinical criteria:**

The condition must be CD20 positive chronic lymphocytic leukaemia (CLL), **AND**  
 The condition must be previously untreated, **AND**  
 The treatment must be in combination with chlorambucil, **AND**  
 Patient must be inappropriate for fludarabine based therapy.

**Injection**

10239X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*3553.25	38.30	Arzerra [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial)

**Injection**

10240Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	..	..	*1150.16	38.30	Arzerra [NV] (ofatumumab 100 mg/5 mL injection, 3 x 5 mL vials)

**■ PANITUMUMAB****Note** Special Pricing Arrangements apply.**Note** This drug is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.**Authority required (STREAMLINED)****5439**Metastatic colorectal cancer  
Treatment Phase: Initial treatment**Clinical criteria:**

Patient must have RAS wild-type metastatic colorectal cancer, **AND**  
 Patient must have a WHO performance status of 2 or less, **AND**  
 The condition must have failed to respond to first-line chemotherapy, **AND**  
 The treatment must be as monotherapy; OR  
 The treatment must be in combination with 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.

**Authority required (STREAMLINED)****5447**Metastatic colorectal cancer  
Treatment Phase: Continuing treatment**Clinical criteria:**

Patient must have received an initial authority prescription for this drug for treatment of RAS wild-type metastatic colorectal cancer after failure of first-line chemotherapy, **AND**  
 Patient must not have progressive disease, **AND**  
 The treatment must be as monotherapy; OR  
 The treatment must be in combination with 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.

**Note** This drug is not PBS-subsidised when chemotherapy partners are switched whilst maintaining an anti-EGFR antibody backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Injection**

10069Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	720 mg	5	..	*6025.78	38.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 1 x 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 1 x 20 mL vial)

▪ **PANITUMUMAB**

**Note** Special Pricing Arrangements apply.

**Note** Panitumumab is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.

**Authority required (STREAMLINED)**

**5526**

Metastatic colorectal cancer

Treatment Phase: Initial Treatment

**Clinical criteria:**

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.

**Authority required (STREAMLINED)**

**5452**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

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.

**Note** This drug is not PBS-subsidised when chemotherapy partners are switched whilst maintaining an anti-EGFR antibody backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Injection**

10508C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	720 mg	9	..	*6025.78	38.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 1 x 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 1 x 20 mL vial)

▪ **PEMBROLIZUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** **MANAGED ENTRY SCHEME**

This medicine has been listed on the PBS via a Managed Entry Scheme (MES). This MES provides a mechanism to address the uncertainty over the size of the additional clinical benefit of this medicine while providing early access to those patients for whom there is a high clinical need.

Information about the benefits of this medicine in clinical practice will be collected, analysed and presented to the Pharmaceutical Benefits Advisory Committee (PBAC) for consideration in the near future.

Prescribers and patients must be aware that if a drug listed via a MES does not prove as beneficial in clinical practice as appeared in the clinical data presented to the PBAC, it may subsequently have its restriction modified, or may be removed from the PBS by the Commonwealth or at the request of the sponsor.

In the case of pembrolizumab, the relevant information is being collected from an ongoing clinical trial outside the PBS. Details of these arrangements are included in an information sheet that must be provided by the prescribing doctor to each patient receiving PBS subsidy for this medicine.

For more information on Managed Entry Schemes, please visit

<http://www.pbs.gov.au/info/publication/factsheets/shared/framework-for-introduction-of-managed-entry-scheme-for-PBAC-submissions>.

For more information on the PBAC's consideration of this medicine and its MES, please visit

<http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/psd/2015-03/pembrolizumab-psd-03-2015>.

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**Authority required (STREAMLINED)**

**5362**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

**Clinical criteria:**

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, **AND**

The treatment must not exceed a maximum dose of 2 mg per kg every 3 weeks.

**Injection**

10424P

Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
240 mg	7	..	*11426.36	38.30	Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

▪ **PEMBROLIZUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note MANAGED ENTRY SCHEME**

This medicine has been listed on the PBS via a Managed Entry Scheme (MES). This MES provides a mechanism to address the uncertainty over the size of the additional clinical benefit of this medicine while providing early access to those patients for whom there is a high clinical need.

Information about the benefits of this medicine in clinical practice will be collected, analysed and presented to the Pharmaceutical Benefits Advisory Committee (PBAC) for consideration in the near future.

Prescribers and patients must be aware that if a drug listed via a MES does not prove as beneficial in clinical practice as appeared in the clinical data presented to the PBAC, it may subsequently have its restriction modified, or may be removed from the PBS by the Commonwealth or at the request of the sponsor.

In the case of pembrolizumab, the relevant information is being collected from an ongoing clinical trial outside the PBS.

Details of these arrangements are included in an information sheet that must be provided by the prescribing doctor to each patient receiving PBS subsidy for this medicine.

For more information on Managed Entry Schemes, please visit

<http://www.pbs.gov.au/info/publication/factsheets/shared/framework-for-introduction-of-managed-entry-scheme-for-PBAC-submissions>.

For more information on the PBAC's consideration of this medicine and its MES, please visit

<http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/psd/2015-03/pembrolizumab-psd-03-2015>.

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**Authority required (STREAMLINED)**

**5361**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

The condition must be positive for a BRAF V600 mutation, **AND**

The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor) unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**

Patient must not have received prior treatment with ipilimumab, **AND**

The treatment must not exceed a total of 6 doses at a maximum dose of 2 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.

**Note** In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later

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**Authority required (STREAMLINED)**

**5334**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

The condition must be negative for a BRAF V600 mutation, **AND**

The condition must be previously untreated, **AND**

The treatment must not exceed a total of 6 doses at a maximum dose of 2 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.

**Note** In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later

**Authority required (STREAMLINED)**

**5293**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Grandfathering treatment

**Clinical criteria:**

The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

The treatment must be for continuing therapy in a patient who commenced treatment with pembrolizumab prior to 1 September 2015, **AND**

Patient must have stable or responding disease, **AND**

The treatment must not exceed a maximum dose of 2 mg per kg every 3 weeks.

**Injection**

10475H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	240 mg	5	..	*11426.36	38.30	Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

▪ **PERTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

**Clinical criteria:**

Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015; OR

Patient must have received non-PBS-subsidised trastuzumab for this condition before 1 July 2015, **AND**

Patient must not have received non-PBS-subsidised treatment with trastuzumab for this condition before 1 July 2014, **AND**

Patient must not have received prior therapy with trastuzumab emtansine or lapatinib for this condition, **AND**

The treatment must be in combination with trastuzumab, **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.

Authority applications for treatment must be made in writing and must include a completed authority prescription form and a copy of the signed patient acknowledgement form.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

**Injection**

10268K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	1	..	*6351.02	38.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 1 x 14 mL vial)

▪ **PERTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**

Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**

The treatment must be in combination with trastuzumab, **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), at 3 monthly intervals during treatment.

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. However, short treatment breaks are permitted. A patient who has a treatment break of less than 6 weeks in PBS-subsidised treatment with this drug for reasons other than disease progression is eligible to continue to receive PBS-subsidised treatment with this drug. A patient who has a treatment break of more than 6 weeks in PBS-subsidised treatment with this drug is not eligible to receive PBS-subsidised treatment with this drug.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

### Injection

10308M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	420 mg	3	..	*3235.64	38.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 1 x 14 mL vial)

### ■ PERTUZUMAB

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

#### **Clinical criteria:**

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**

Patient must have a WHO performance status of 0 or 1, **AND**

Patient must not have received prior anti-HER2 therapy for this condition, **AND**

Patient must not have received prior chemotherapy for this condition, **AND**

The treatment must be in combination with trastuzumab and a taxane, **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.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Late stage metastatic breast cancer Initial PBS authority application form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH) and tick a box to state the person has Stage IV disease; and

(ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

### Injection

10334X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	..	..	*6351.02	38.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 1 x 14 mL vial)

### ■ RITUXIMAB

**Note** No increase in the maximum number of repeats may be authorised.

#### Authority required (STREAMLINED)

#### **4677**

Relapsed or refractory low-grade B-cell non-Hodgkin's lymphoma

Treatment Phase: Re-induction treatment

#### **Clinical criteria:**

The treatment must be for re-induction treatment purposes only, **AND**

The condition must have relapsed or be refractory to treatment, **AND**

Patient must not receive more than 4 doses under this restriction.

#### Authority required (STREAMLINED)

#### **4678**

Relapsed or refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Re-induction treatment

**Clinical criteria:**

The treatment must be for re-induction treatment purposes only, **AND**  
 The condition must have relapsed or be refractory to treatment, **AND**  
 Patient must not receive more than 4 doses under this restriction.

**Injection**

7257Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	3	..	*3418.47	38.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)

▪ **RITUXIMAB**

**Note** This drug is not PBS-subsidised for use as monotherapy.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)**

**4706**

Chronic lymphocytic leukaemia (CLL)

**Clinical criteria:**

The condition must be CD20 positive chronic lymphocytic leukaemia (CLL), **AND**  
 The treatment must be in combination with chemotherapy.

**Injection**

7259C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1100 mg	5	..	*4655.28	38.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)

▪ **RITUXIMAB**

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4674**

Stage III or IV CD20 positive follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Maintenance therapy

**Clinical criteria:**

Patient must have demonstrated a partial or complete response to the induction phase of treatment for previously untreated follicular B-cell Non-Hodgkin's lymphoma, received immediately prior to this current Authority application, **AND**

The treatment must be maintenance therapy, **AND**

Patient must not receive more than 12 doses or 2 years duration of treatment, whichever comes first, under this restriction.

**Injection**

10193L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	11	..	*3418.47	38.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)

▪ **RITUXIMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)**

**4701**

Previously untreated CD20 positive diffuse large B-cell non-Hodgkin's lymphoma

Treatment Phase: Induction treatment

**Clinical criteria:**

The treatment must be in combination with chemotherapy, **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 8 doses under this restriction.

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

**Authority required (STREAMLINED)**

**4726**

Previously untreated Stage III or IV CD20 positive follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Induction treatment

**Clinical criteria:**

The treatment must be in combination with chemotherapy, **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 8 doses under this restriction.

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

**Authority required (STREAMLINED)**

**4686**

Relapsed or refractory Stage III or IV CD20 positive follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Maintenance therapy

**Clinical criteria:**

The treatment must be maintenance therapy, **AND**

Patient must have demonstrated a partial or complete response to re-induction treatment received immediately prior to this current Authority application, **AND**

Patient must not receive more than 8 cycles or 2 years duration of treatment, whichever comes first, under this restriction.

**Note** Special Pricing Arrangements apply.

**Injection**

7258B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	7	..	*3418.47	38.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)

▪ **TRASTUZUMAB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Locally advanced HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

**Clinical criteria:**

Patient must commence treatment concurrently with neoadjuvant chemotherapy, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and

(ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 4 mg per kg.

**Authority required**

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

**Clinical criteria:**

Patient must commence treatment concurrently with adjuvant chemotherapy, **AND**

Patient must have undergone surgery, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:

- (i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and  
 (ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 4 mg per kg.

### Injection

7264H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	500 mg	..	..	*3646.40	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

### ■ TRASTUZUMAB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

#### **Clinical criteria:**

Patient must commence treatment concurrently with neoadjuvant chemotherapy, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and

(ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 8 mg per kg.

#### Authority required

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

#### **Clinical criteria:**

Patient must commence treatment concurrently with adjuvant chemotherapy, **AND**

Patient must have undergone surgery, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and

(ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 8 mg per kg.

### Injection

7266K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*7198.12	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)

## ■ TRASTUZUMAB

**Note** No increase in the maximum quantity or number of units may be authorised with one exception: where a patient has a break in therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose up to a maximum of 1000 mg.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Metastatic (Stage IV) HER2 positive adenocarcinoma of the stomach or gastro-oesophageal junction

Treatment Phase: Initial PBS-subsidised treatment (Grandfather patient)

### **Clinical criteria:**

Patient must have evidence of human epidermal growth factor receptor 2 (HER2) positivity, **AND**

Patient must have been treated with this drug for this condition prior to 1 January 2016, **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), at 3 monthly intervals during treatment.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Metastatic (Stage IV) HER2 positive adenocarcinoma of stomach or gastro-oesophageal junction authority application form which includes confirmation that the patient has Stage IV disease and a copy of the pathology report from an Approved Pathology Authority confirming evidence of human epidermal growth factor receptor 2 (HER2) positivity.

## Injection

10575N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*5317.80	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)
						Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

## ■ TRASTUZUMAB

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Metastatic (Stage IV) HER2 positive adenocarcinoma of the stomach or gastro-oesophageal junction

Treatment Phase: Initial treatment

### **Clinical criteria:**

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 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 cisplatin and capecitabine; OR

Patient must commence treatment in combination with cisplatin 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.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Metastatic (Stage IV) HER2 positive adenocarcinoma of stomach or gastro-oesophageal junction authority application form which includes confirmation that the patient has Stage IV disease and a copy of the pathology report from an Approved Pathology Authority confirming evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated in tumour material by both (i) immunohistochemistry (IHC) 2+ or IHC 3+ AND (ii) in situ hybridisation (ISH) results based on both more than 6 copies of HER2 AND the ratio of HER2: chromosome 17 being more than 2 in the same tumour tissue sample

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment

**Injection**

10589H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*7198.12	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

▪ **TRASTUZUMAB**

**Note** No increase in the maximum quantity or number of units may be authorised with one exception: where a patient has a break in therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose up to a maximum of 1000 mg.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Metastatic (Stage IV) HER2 positive adenocarcinoma of the stomach or gastro-oesophageal junction

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for 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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

**Injection**

10597R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*5317.80	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

▪ **TRASTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Special Pricing Arrangements apply.

**Authority required**

HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

**Clinical criteria:**

Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015, **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), at 3 monthly intervals during treatment.

**Injection**

10381J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	3	..	*7198.12	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

▪ **TRASTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Special Pricing Arrangements apply.

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer  
Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for 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 from when the last dose was due, authority approval will be granted for a new loading dose.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

**Injection**

10383L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*5317.80	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)
						Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

▪ **TRASTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer  
Treatment Phase: Initial treatment

**Clinical criteria:**

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.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Late stage metastatic breast cancer Initial PBS authority application form which includes a copy of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH) and tick a box to state the patient has Stage IV disease.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

**Injection**

10402L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*7198.12	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)
						Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

▪ **TRASTUZUMAB**

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for new loading doses may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Locally advanced HER2 positive breast cancer

Treatment Phase: Continuing treatment (weekly regimen)

**Clinical criteria:**

Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 2 mg per kg.

Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

**Authority required**

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (weekly regimen)

**Clinical criteria:**

Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 2 mg per kg.

Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

**Injection**

7265J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	9	..	*1975.00	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)
						Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

**■ TRASTUZUMAB**

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for new loading doses may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Locally advanced HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

**Clinical criteria:**

Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 6 mg per kg.

Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

**Authority required**

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

**Clinical criteria:**

Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 6 mg per kg.

Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

## Injection

7267L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*5317.80	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)
						Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

## ■ TRASTUZUMAB EMTANSINE

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

### Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

### **Clinical criteria:**

Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015; OR

Patient must have received non-PBS-subsidised trastuzumab for this condition before 1 July 2015; OR

Patient must have received PBS-subsidised lapatinib for this condition before 1 July 2015, **AND**

Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**

The treatment must be as monotherapy, **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.

Authority applications for treatment must be made in writing and must include a completed authority prescription form and a copy of the signed patient acknowledgement form.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

### **Clinical criteria:**

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 condition must have progressed following treatment with pertuzumab and trastuzumab in combination; OR

The condition must have progressed during or within 6 months of completing adjuvant therapy with trastuzumab, **AND**

Patient must have a WHO performance status of 0 or 1, **AND**

The treatment must be as monotherapy, **AND**

Patient must not have received prior treatment with lapatinib; OR

Patient must have developed intolerance to lapatinib of a severity necessitating permanent treatment withdrawal, **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.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Late stage metastatic breast cancer Initial PBS authority application form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH) and tick a box to state the person has Stage IV disease;

(ii) a copy of the signed patient acknowledgement form;

(iii) dates of treatment with trastuzumab and pertuzumab; and

(iv) date of demonstration of progression whilst on treatment with trastuzumab and pertuzumab; or

(v) date of demonstration of progression and date of completion of adjuvant trastuzumab treatment.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

Patients who have progressive disease on lapatinib are not eligible to receive PBS-subsidised trastuzumab emtansine.

Patients who have developed intolerance to lapatinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised trastuzumab emtansine.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**

Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**

The treatment must be as monotherapy, **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), at 3 monthly intervals during treatment.

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.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Injection**

10281D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	8	..	*7783.94	38.30	Kadcyla [RO] (trastuzumab emtansine 100 mg injection, 1 x 100 mg vial) Kadcyla [RO] (trastuzumab emtansine 160 mg injection, 1 x 160 mg vial)

*Other antineoplastic agents*

▪ **ARSENIC**

**Authority required (STREAMLINED)**

**4793**

Acute promyelocytic leukaemia

Treatment Phase: Induction and consolidation treatment

**Clinical criteria:**

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.

**Injection**

7241D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	18 mg	89	..	*933.14	38.30	Phenacen [PL] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)

▪ **BORTEZOMIB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Multiple myeloma

Treatment Phase: Treatment of Progressive disease - Continuing PBS-subsidised treatment

**Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have previously received 8 treatment cycles of bortezomib for progressive disease, **AND**

Patient must have demonstrated at the completion of cycle 8 at least a partial response to bortezomib, **AND**

Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**

Patient must not have a gap of more than 10 months between the initial application and an application following completion of 8 treatment cycles, **AND**

Patient must not receive more than 3 cycles of bortezomib under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form; and

(3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

(a) at least a 50% reduction in bone marrow plasma cells; or

(b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or

(c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or

(d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Diagnostic reports must be no more than one month old at the time of application.

Where a response assessment is not submitted prior to cycle 9, patients will be deemed to have failed to respond to treatment with bortezomib.

Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

## Injection

7269N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	11	..	*1858.26	38.30	Velcade [JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial)

## ■ BORTEZOMIB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

### Authority required

Multiple myeloma

Treatment Phase: Retreatment of Progressive disease - Continuing PBS-subsidised treatment

### **Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have previously received 8 treatment cycles of bortezomib in the current treatment course, **AND**

Patient must have demonstrated at the completion of cycle 8 at least a partial response to bortezomib, **AND**

Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**

Patient must not have a gap of more than 10 months between the initial application and an application following completion of 8 treatment cycles, **AND**

Patient must not receive more than 3 cycles of bortezomib under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form; and

(3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

- (a) at least a 50% reduction in bone marrow plasma cells; or
- (b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
- (c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
- (d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Diagnostic reports must be no more than one month old at the time of application.

Where a response assessment is not submitted prior to cycle 9, patients will be deemed to have failed to respond to treatment with bortezomib.

Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

**Injection**

7272R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	11	..	*1858.26	38.30	Velcade [JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial)

▪ **BORTEZOMIB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Symptomatic multiple myeloma

**Clinical criteria:**

Patient must be newly diagnosed, **AND**

Patient must be eligible for high dose chemotherapy and autologous stem cell transplantation, **AND**

Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**

The treatment must be in combination with chemotherapy, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma; and
- (3) a signed patient acknowledgement.

**Injection**

7275X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1609.97	38.30	Velcade [JC] (bortezomib 1 mg injection, 1 x 1 mg vial)

▪ **BORTEZOMIB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Symptomatic multiple myeloma

Treatment Phase: Initial PBS-subsidised treatment

**Clinical criteria:**

Patient must be newly diagnosed, **AND**

Patient must be ineligible for high dose chemotherapy, **AND**

Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**

The treatment must be in combination with a corticosteroid and melphalan or cyclophosphamide, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma and ineligibility for high dose chemotherapy; and
- (3) a signed patient acknowledgement.

**Authority required**

Symptomatic multiple myeloma

Treatment Phase: Initial PBS-subsidised treatment

**Clinical criteria:**

Patient must be newly diagnosed, **AND**

Patient must have severe acute renal failure, **AND**

Patient must require dialysis; OR

Patient must be at high risk of requiring dialysis in the opinion of a nephrologist, **AND**

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, the name of the nephrologist who has reviewed the patient and the date of review, a copy of the current pathology reports reporting Glomerular Filtration Rate from an Approved Pathology Authority, and nomination of the disease activity parameter(s) that will be used to assess response; and

(3) a signed patient acknowledgement.

Disease activity parameters include current diagnostic reports of at least one of the following:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) in oligo-secretory and non-secretory myeloma patients only, the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. Magnetic Resonance Imaging (MRI) or computed tomography (CT) scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients.

Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided.

Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

**Note** Patients who have initiated treatment with thalidomide within the last month do not have to experience failure after a trial of at least 4 weeks of thalidomide or to have failed to achieve at least a minimal response after at least 8 weeks of thalidomide treatment.

## Injection

7238Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	31	..	*1609.97	38.30	Velcade [JC] (bortezomib 1 mg injection, 1 x 1 mg vial)

## ■ BORTEZOMIB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Multiple myeloma

Treatment Phase: Treatment of Progressive disease - Initial PBS-subsidised treatment

**Clinical criteria:**

The condition must be confirmed by a histological diagnosis, **AND**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have progressive disease after at least one prior therapy, **AND**

Patient must have undergone or be ineligible for a primary stem cell transplant, **AND**

Patient must have experienced treatment failure after a trial of at least four (4) weeks of thalidomide at a dose of at least 100 mg daily or have failed to achieve at least a minimal response after eight (8) or more weeks of thalidomide-based therapy for progressive disease, **AND**

Patient must not be receiving concomitant PBS-subsidised lenalidomide, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase of the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Thalidomide treatment failure is defined as:

- (1) confirmed disease progression during thalidomide treatment or within 6 months of discontinuing thalidomide treatment; or
- (2) severe intolerance or toxicity unresponsive to clinically appropriate dose adjustment.

Severe intolerance due to thalidomide is defined as unacceptable somnolence or sedation interfering with activities of daily living.

Toxicity from thalidomide is defined as peripheral neuropathy (Grade 2 or greater, interfering with function), drug-related seizures, serious Grade 3 or 4 drug-related dermatological reactions, such as Stevens-Johnson Syndrome, or other Grade 3 or 4 toxicity.

Failure to achieve at least a minimal response after 8 or more weeks of thalidomide-based therapy for progressive disease is defined as:

- (1) less than a 25% reduction in serum or urine M protein; or
- (2) in oligo-secretory and non-secretory myeloma patients only, less than a 25% reduction in the difference between involved and uninvolved serum free light chain levels.

If the dosing requirement for thalidomide 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; and
- (2) a completed Multiple Myeloma bortezomib Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, prior treatments including name(s) of drug(s) and date of most recent treatment cycle and record of prior stem cell transplant or ineligibility for prior stem cell transplant; details of thalidomide treatment failure; details of the basis of the diagnosis of progressive disease or failure to respond; and nomination of which disease activity parameters will be used to assess response; and
- (3) duration of thalidomide and daily dose prescribed; and
- (4) a signed patient acknowledgment.

To enable confirmation of eligibility for treatment, current diagnostic reports of at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

#### **Authority required**

Multiple myeloma

Treatment Phase: Treatment of Progressive disease - Continuing PBS-subsidised treatment

#### **Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have previously received 4 treatment cycles of bortezomib for progressive disease, **AND**

Patient must have demonstrated at the completion of cycle 4 at least a partial response to bortezomib, **AND**

Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**

Patient must not have a gap of more than 6 months between the initial application and subsequent applications, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form; and
- (3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

- (a) at least a 50% reduction in bone marrow plasma cells; or
- (b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
- (c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
- (d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Diagnostic reports must be no more than one month old at the time of application.

Where a response assessment is not submitted prior to cycle 5, patients will be deemed to have failed to respond to treatment with bortezomib.

Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

**Note** Patients who fail to demonstrate at least a partial response after 8 cycles will not be eligible to receive further PBS-subsidised treatment with bortezomib.

## Injection

7268M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1858.26	38.30	Velcade [JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial)

## ■ BORTEZOMIB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

### **Authority required**

Multiple myeloma

Treatment Phase: Retreatment of Progressive disease - Initial PBS-subsidised treatment

### **Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have progressive disease, **AND**

Patient must have previously been treated with PBS-subsidised bortezomib, **AND**

Patient must have experienced at least a partial response to the most recent course of PBS-subsidised bortezomib therapy, **AND**

Patient must not be receiving concomitant PBS-subsidised lenalidomide, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase of the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

- (a) at least a 50% reduction in bone marrow plasma cells; or
- (b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
- (c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
- (d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma bortezomib Authority Application - Supporting Information Form which includes details of the basis of the current diagnosis of progressive disease and nomination of which disease activity parameters will be used to assess response; and
- (3) diagnostic reports demonstrating the patient has achieved at least a partial response to the most recent course of PBS-subsidised bortezomib, if not previously provided; and
- (4) a signed patient acknowledgment.

To enable confirmation of eligibility for treatment current diagnostic reports of at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided.

Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

#### **Authority required**

Multiple myeloma

Treatment Phase: Retreatment of Progressive disease - Continuing PBS-subsidised treatment

#### **Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have previously received 4 treatment cycles of bortezomib in the current treatment course, **AND**

Patient must have demonstrated at the completion of cycle 4 at least a partial response to bortezomib, **AND**

Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**

Patient must not have a gap of more than 6 months between the initial application and subsequent applications, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form; and
- (3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

- (a) at least a 50% reduction in bone marrow plasma cells; or
- (b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
- (c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
- (d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Diagnostic reports must be no more than one month old at the time of application.

Where a response assessment is not submitted prior to cycle 5, patients will be deemed to have failed to respond to treatment with bortezomib.

Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

**Note** Patients who fail to demonstrate at least a partial response after 8 cycles will not be eligible to receive further PBS-subsidised treatment with bortezomib.

## Injection

7271Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1858.26	38.30	Velcade [JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial)

## ■ BORTEZOMIB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

### Authority required

Symptomatic multiple myeloma

Treatment Phase: Continuing PBS-subsidised treatment

### **Clinical criteria:**

Patient must have received an initial authority prescription for bortezomib for newly diagnosed symptomatic multiple myeloma and be ineligible for high dose chemotherapy, **AND**

Patient must not have demonstrated progressive disease at the time of application, **AND**

Patient must not have achieved a best confirmed response to bortezomib at the time of application, **AND**

Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**

The treatment must be in combination with a corticosteroid and melphalan or cyclophosphamide, **AND**

Patient must not receive more than 5 cycles of treatment with bortezomib under this restriction.

Continuing PBS-subsidised supply will not be approved if there is a gap of more than 6 months between the initial application and this application.

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### Authority required

Symptomatic multiple myeloma

Treatment Phase: Continuing PBS-subsidised treatment

### **Clinical criteria:**

Patient must have received an initial authority prescription for bortezomib for newly diagnosed symptomatic multiple myeloma and have severe acute renal failure, **AND**

Patient must have demonstrated at least a partial response at the completion of cycle 4 at the time of application, **AND**

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**

Patient must not receive more than 5 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form, which includes a copy of the current pathology reports reporting Glomerular Filtration Rate from an Approved Pathology authority; and

(3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are not being used to monitor disease activity, partial response compared with baseline is defined as:

(a) at least a 50% reduction in bone marrow plasma cells; or

(b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or

(c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or

(d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Continuing PBS-subsidised supply will not be approved if there is a gap of more than 6 months between the initial application and this application.

**Note** Authority applications for continuing treatment may be faxed to the Department of Human Services on 1300 154 190 (hours of operation 8.a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

**Injection**

7274W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	19	..	*1609.97	38.30	Velcade [JC] (bortezomib 1 mg injection, 1 x 1 mg vial)

▪ **ERIBULIN**

**Note** A patient who has progressive disease with eribulin is no longer eligible for PBS-subsidised eribulin.

**Note** Special Pricing Arrangements apply.

**Authority required**

Locally advanced or metastatic breast cancer

**Clinical criteria:**

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.

**Injection**

10140Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3 mg	13	..	*1489.16	38.30	Halaven [EI] (eribulin mesilate 1 mg/2 mL injection, 1 x 2 mL vial)

▪ **IRINOTECAN**

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

**Injection**

7249M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	11	..	*381.22	38.30	Hospira Pty Limited [HH] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Hospira Pty Limited [HH] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) Irinoccord [EA] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Irinoccord [EA] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) Irinotecan Actavis 500 [EA] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) Irinotecan Ebewe [SZ] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Irinotecan Ebewe [SZ] (irinotecan hydrochloride trihydrate 300 mg/15 mL injection, 1 x 15 mL vial) Irinotecan Ebewe [SZ] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) Irinotecan Ebewe [SZ] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) Irinotecan Kabi [PK] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Irinotecan MYX [YN] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Omegapharm Irinotecan [OE] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Omegapharm Irinotecan [OE] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) Tecan [ED] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial)

▪ **TOPOTECAN**

**Authority required (STREAMLINED)**

3186

Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound

**Injection**

7260D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3500 mcg	17	..	*185.69	38.30	Hycamtin [NV] (topotecan 4 mg injection, 5 x 4 mg vials) Topotecan Agila [AF] (topotecan 4 mg injection, 1 x 4 mg vial) Topotecan Kabi [PK] (topotecan 4 mg injection, 5 x 4 mg vials)

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# Chemotherapy items for Public Hospital use

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ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS .....	51
ANTINEOPLASTIC AGENTS .....	51
ALKYLATING AGENTS .....	51
ANTIMETABOLITES .....	51
PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS .....	54
CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES .....	56
OTHER ANTINEOPLASTIC AGENTS .....	58



**ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS**
**ANTINEOPLASTIC AGENTS**
**ALKYLATING AGENTS**
*Nitrogen mustard analogues*
**■ CYCLOPHOSPHAMIDE**
**Injection**

4327R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2800 mg	17	..	*170.93	38.30	Endoxan [BX] (cyclophosphamide 1 g injection, 1 x 1 g vial) Endoxan [BX] (cyclophosphamide 2 g injection, 1 x 2 g vial) Endoxan [BX] (cyclophosphamide 500 mg injection, 1 x 500 mg vial)

**■ IFOSFAMIDE**
**Injection**

4448D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	4000 mg	19	..	*324.79	38.30	Holoxan [BX] (ifosfamide 1 g injection, 1 x 1 g vial) Holoxan [BX] (ifosfamide 2 g injection, 1 x 2 g vial)

*Nitrosoureas*
**■ FOTEMUSTINE**
**Authority required (STREAMLINED)**
**3181**

Metastatic malignant melanoma

**Injection**

4437M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	8	..	*2251.33	38.30	Muphoran [SE] (fotemustine 208 mg injection [1 x 208 mg vial] (&) inert substance diluent [1 x 4 mL ampoule], 1 pack)

**ANTIMETABOLITES**
*Folic acid analogues*
**■ METHOTREXATE**
**Injection**

4502Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	5	..	*119.77	38.30	Hospira Pty Limited [HH] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) Hospira Pty Limited [HH] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [HH] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [HH] (methotrexate 500 mg/20 mL injection, 1 x 20 mL vial) Methaccord [EA] (METHOTREXATE Injection 50 mg in 2 mL, 1) Methaccord [EA] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) Methotrexate Ebewe [SZ] (methotrexate 5 g/50 mL injection, 1 x 50 mL vial) Methotrexate MYX [YN] (METHOTREXATE Injection 50 mg in 2 mL, 1) Methotrexate MYX [YN] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial)

**■ METHOTREXATE**
**Restricted benefit**

Patients receiving treatment with a high dose regimen.

**Injection**

4512L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	20000 mg	..	..	*915.75	38.30	Hospira Pty Limited [HH] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) Hospira Pty Limited [HH] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials)

Hospira Pty Limited [HH] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials)  
 Hospira Pty Limited [HH] (methotrexate 500 mg/20 mL injection, 1 x 20 mL vial)  
 Methaccord [EA] (METHOTREXATE Injection 50 mg in 2 mL, 1)  
 Methaccord [EA] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial)  
 Methotrexate Ebewe [SZ] (methotrexate 5 g/50 mL injection, 1 x 50 mL vial)  
 Methotrexate MYX [YN] (METHOTREXATE Injection 50 mg in 2 mL, 1)  
 Methotrexate MYX [YN] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial)

## ■ PEMETREXED

### Authority required (STREAMLINED)

**4792**

Locally advanced or metastatic non-small cell lung cancer

#### **Clinical criteria:**

Patient must have received prior treatment with platinum-based chemotherapy.

The patient's body surface area (BSA) must be documented in the patient's medical records at the time the treatment cycle is initiated

Doses greater than 500 mg per metre squared BSA are not PBS-subsidised

### Authority required (STREAMLINED)

**4789**

Mesothelioma

#### **Clinical criteria:**

The treatment must be in combination with cisplatin.

The patient's body surface area (BSA) must be documented in the patient's medical records at the time the treatment cycle is initiated

Doses greater than 500 mg per metre squared BSA are not PBS-subsidised

### **Injection**

4600D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1100 mg	5	..	*3514.34	38.30	Alimta [LY] (pemetrexed 100 mg injection, 1 x 100 mg vial) Alimta [LY] (pemetrexed 500 mg injection, 1 x 500 mg vial) Pemetrexed MYX [YN] (pemetrexed 100 mg injection, 1 x 100 mg vial) Pemetrexed MYX [YN] (pemetrexed 500 mg injection, 1 x 500 mg vial) Pemetrexed Sandoz [SZ] (pemetrexed 500 mg injection, 1 x 500 mg vial)

## ■ RALTITREXED

### Authority required (STREAMLINED)

**3185**

For use as a single agent in the treatment of advanced colorectal cancer

### **Injection**

4610P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7 mg	8	..	*1366.55	38.30	Tomudex [HH] (raltitrexed 2 mg injection, 1 x 2 mg vial)

### *Purine analogues*

## ■ CLADRIBINE

### Authority required (STREAMLINED)

**3180**

Hairy cell leukaemia

### **Injection**

4326Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	17 mg	6	..	*1363.59	38.30	Leustatin [JC] (cladribine 10 mg/10 mL injection, 1 x 10 mL vial) Litak [OA] (cladribine 10 mg/5 mL injection, 1 x 5 mL vial)

## ■ FLUDARABINE

**Note** Pharmaceutical benefits that have the form fludarabine phosphate powder for I.V. injection 50 mg (after reconstitution) and pharmaceutical benefits that have the form fludarabine phosphate solution for I.V. injection 50 mg are equivalent for the purposes of substitution.

### Authority required (STREAMLINED)

**3887**

B-cell chronic lymphocytic leukaemia in combination with cyclophosphamide where the patient has advanced disease (Binet Stage B or C) or evidence of progressive Stage A disease.

Stage A progressive disease is defined by at least one of the following: persistent rise in lymphocyte count with doubling time less than 12 months; a downward trend in haemoglobin or platelets, or both; more than 50% increase in the size of liver, spleen, or lymph nodes, or appearance of these signs if not previously present; constitutional symptoms attributable to disease.

The diagnosis of chronic lymphocytic leukaemia (CLL) must have been established based on:

- (a) a lymphocytosis, with more than 5,000 million lymphocytes per L in the peripheral blood; and
- (b) a clonal population of B-cells (CD5/CD19) documented by flow cytometry

**Injection**

4393F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	55 mg	29	..	*106.35	38.30	Fludara [GZ] (fludarabine phosphate 50 mg injection, 5 x 50 mg vials) Fludarabine Ebewe [SZ] (fludarabine phosphate 50 mg/2 mL injection, 5 x 2 mL vials)

**Pyrimidine analogues**
**■ CYTARABINE**
**Injection**

4357H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7000 mg	15	..	*788.97	38.30	Pfizer Australia Pty Ltd [PF] (cytarabine 100 mg/5 mL injection, 5 x 5 mL vials)

**■ FLUOROURACIL**
**Restricted benefit**

For patients requiring administration of fluorouracil by intravenous infusion.

**Injection**

4394G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5500 mg	11	..	*133.44	38.30	DBL Fluorouracil Injection BP [HH] (fluorouracil 1 g/20 mL injection, 5 x 20 mL vials) DBL Fluorouracil Injection BP [HH] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 1 g/20 mL injection, 1 x 20 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 5 g/100 mL injection, 1 x 100 mL vial) Hospira Pty Limited [HH] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials)

**■ FLUOROURACIL**
**Restricted benefit**

For patients requiring administration of fluorouracil by intravenous injection.

**Injection**

4431F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	23	..	*91.90	38.30	DBL Fluorouracil Injection BP [HH] (fluorouracil 1 g/20 mL injection, 5 x 20 mL vials) DBL Fluorouracil Injection BP [HH] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 1 g/20 mL injection, 1 x 20 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 5 g/100 mL injection, 1 x 100 mL vial) Hospira Pty Limited [HH] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials)

**■ GEMCITABINE**

**Caution** Pharmaceutical benefits containing gemcitabine may have different concentrations.

**Note** Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 200 mg (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 5 mL, gemcitabine solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 20 mL and gemcitabine solution for injection 200 mg (as hydrochloride) in 5.3 mL are equivalent for the purposes of substitution.

**Note** Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 1 g (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 1 g (as hydrochloride) in 25 mL, gemcitabine solution concentrate for I.V.

infusion 1000 mg (as hydrochloride) in 100 mL and gemcitabine solution for injection 1 g (as hydrochloride) in 26.3 mL are equivalent for the purposes of substitution.

**Note** Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 2 g (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 2 g (as hydrochloride) in 50 mL and gemcitabine solution for injection 2 g (as hydrochloride) in 52.6 mL are equivalent for the purposes of substitution.

## Injection

4439P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mg	17	..	*122.54	38.30	DBL Gemcitabine for Injection [HH] (gemcitabine 1 g injection, 1 x 1 g vial) DBL Gemcitabine for Injection [HH] (gemcitabine 2 g injection, 1 x 2 g vial) DBL Gemcitabine for Injection [HH] (gemcitabine 200 mg injection, 1 x 200 mg vial) DBL Gemcitabine Injection [HH] (gemcitabine 1 g/26.3 mL injection, 1 x 26.3 mL vial) DBL Gemcitabine Injection [HH] (gemcitabine 2 g/52.6 mL injection, 1 x 52.6 mL vial) DBL Gemcitabine Injection [HH] (gemcitabine 200 mg/5.3 mL injection, 1 x 5.3 mL vial) Gemaccord [EA] (gemcitabine 1 g injection, 1 x 1 g vial) Gemaccord [EA] (gemcitabine 200 mg injection, 1 x 200 mg vial) Gemcitabine Actavis [GN] (gemcitabine 1 g injection, 1 x 1 g vial) Gemcitabine Actavis 2000 [EA] (gemcitabine 2 g injection, 1 x 2 g vial) Gemcitabine Ebewe [SZ] (gemcitabine 1 g injection, 1 x 1 g vial) Gemcitabine Ebewe [SZ] (gemcitabine 1 g/100 mL injection, 1 x 100 mL vial) Gemcitabine Ebewe [SZ] (gemcitabine 200 mg injection, 1 x 200 mg vial) Gemcitabine Ebewe [SZ] (gemcitabine 200 mg/20 mL injection, 1 x 20 mL vial) Gemcitabine Ebewe [SZ] (gemcitabine 500 mg/50 mL injection, 1 x 50 mL vial) Gemcitabine Kabi [PK] (gemcitabine 1 g injection, 1 x 1 g vial) Gemcitabine Sun [ZF] (gemcitabine 1 g injection, 1 x 1 g vial) Gemcitabine Sun [ZF] (gemcitabine 200 mg injection, 1 x 200 mg vial)

## PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

### *Vinca alkaloids and analogues*

#### ■ VINBLASTINE

##### Injection

4618C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	20 mg	17	..	*159.87	38.30	Hospira Pty Limited [HH] (vinblastine sulfate 10 mg/10 mL injection, 5 x 10 mL vials)

#### ■ VINCRISTINE

##### Injection

4619D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2 mg	7	..	*100.51	38.30	Hospira Pty Limited [HH] (vincristine sulfate 1 mg/mL injection, 5 x 1 mL vials)

#### ■ VINOURELBINE

##### Injection

4620E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	70 mg	7	..	*135.44	38.30	Hospira Pty Limited [HH] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial) Hospira Pty Limited [HH] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial) Navelbine [FB] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial) Navelbine [FB] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial) Vinorelbine Ebewe [SZ] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial)

Vinorelbine Ebewe [SZ] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial)  
 Vinorelbine Kabi [PK] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial)

*Podophyllotoxin derivatives*

▪ **ETOPOSIDE**

**Injection**

4428C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	440 mg	14	..	*259.07	38.30	Etopophos [BQ] (etoposide 1 g injection, 1 x 1 g vial) Etopophos [BQ] (etoposide 100 mg injection, 1 x 100 mg vial) Etoposide Ebewe [SZ] (etoposide 100 mg/5 mL injection, 5 x 5 mL vials)

*Taxanes*

▪ **CABAZITAXEL**

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4662**

Castration resistant metastatic carcinoma of the prostate

**Clinical criteria:**

The treatment must be in combination with prednisone or prednisolone, **AND**

The treatment must not be used in combination with abiraterone, **AND**

Patient must have failed treatment with docetaxel due to resistance or intolerance, **AND**

Patient must have a WHO performance status of 2 or less, **AND**

Patient must not receive PBS-subsidised cabazitaxel if progressive disease develops while on cabazitaxel.

**Injection**

4376H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	55 mg	5	..	*5897.41	38.30	Jevtana [SW] (CABAZITAXEL Jevtana Concentrated injection 60 mg (as acetone solvate) in 1.5 mL, with diluent, 1)

▪ **DOCETAXEL**

**Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL, docetaxel solution concentrate for I.V. infusion 20 mg in 2 mL and docetaxel powder for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution.

Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL, docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL and docetaxel powder for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.

**Injection**

10148D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	5	..	*132.52	38.30	DBL Docetaxel Concentrated Injection [HH] (docetaxel 160 mg/16 mL injection, 1 x 16 mL vial) DBL Docetaxel Concentrated Injection [HH] (docetaxel 20 mg/2 mL injection, 1 x 2 mL vial) DBL Docetaxel Concentrated Injection [HH] (docetaxel 80 mg/8 mL injection, 1 x 8 mL vial) Docetaxel Sandoz [SZ] (docetaxel 80 mg/8 mL injection, 1 x 8 mL vial) Oncotaxel 140 [EA] (docetaxel 140 mg/7 mL injection, 1 x 7 mL vial) Oncotaxel 80 [EA] (docetaxel 80 mg/4 mL injection, 1 x 4 mL vial) Taxotere [SW] (docetaxel 20 mg/mL injection, 1 x 1 mL vial) Taxotere [SW] (docetaxel 80 mg/4 mL injection, 1 x 4 mL vial)

▪ **PACLITAXEL**

**Injection**

4567J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	3	..	*222.90	38.30	Anzatax [HH] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial) Anzatax [HH] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial) Anzatax [HH] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial) Anzatax [HH] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial) Paclitaxel ACT [EF] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial)

Paclitaxel ACT [EF] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial)  
 Paclitaxel ACT [EF] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial)  
 Paclitaxel ACT [EF] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)  
 Paclitaxel Actavis [EA] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial)  
 Paclitaxel Actavis [EA] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial)  
 Paclitaxel Actavis [EA] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial)  
 Paclitaxel Actavis [EA] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)  
 Paclitaxel Ebewe [SZ] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial)  
 Paclitaxel Ebewe [SZ] (paclitaxel 30 mg/5 mL injection, 5 x 5 mL vials)  
 Paclitaxel Ebewe [SZ] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)  
 Paclitaxel Kabi [PK] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial)  
 Paclitaxel Kabi [PK] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)  
 Plaxel [ED] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial)  
 Plaxel [ED] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial)  
 Plaxel [ED] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial)  
 Plaxel [ED] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial)

#### ■ PACLITAXEL NANOPARTICLE ALBUMIN BOUND

**Note** Not for use as neoadjuvant or adjuvant therapy.

##### Authority required (STREAMLINED)

**4657**

Stage IV (metastatic) adenocarcinoma of the pancreas

##### **Clinical criteria:**

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.

##### **Injection**

10165B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	275 mg	11	..	*1287.11	38.30	Abraxane [TS] (paclitaxel nanoparticle albumin bound 100 mg injection, 1 x 100 mg vial)

#### ■ PACLITAXEL NANOPARTICLE ALBUMIN BOUND

##### Authority required (STREAMLINED)

**3955**

Metastatic breast cancer

##### Authority required (STREAMLINED)

**3956**

Treatment of HER2 positive breast cancer in combination with trastuzumab

##### **Injection**

4531L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	580 mg	5	..	*2491.55	38.30	Abraxane [TS] (paclitaxel nanoparticle albumin bound 100 mg injection, 1 x 100 mg vial)

### CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES

#### *Anthracyclines and related substances*

#### ■ DOXORUBICIN

##### **Injection/intravesical**

4361M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	135 mg	11	..	*110.06	38.30	Accord Doxorubicin [EA] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial) Doxorubicin Ebewe [SZ] (doxorubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial)

Doxorubicin MYX [YN] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial)  
 Doxorubicin SZ [HX] (doxorubicin hydrochloride 10 mg/5 mL injection, 1 x 5 mL vial)  
 Doxorubicin SZ [HX] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial)  
 Hospira Pty Limited [HH] (doxorubicin hydrochloride 10 mg/5 mL injection, 1 x 5 mL vial)  
 Hospira Pty Limited [HH] (doxorubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial)

▪ **DOXORUBICIN HYDROCHLORIDE-PEGYLATED LIPOSOMAL**

**Authority required (STREAMLINED)**

**4786**

Advanced epithelial ovarian cancer

**Clinical criteria:**

Patient must have failed a first-line platinum-based chemotherapy regimen.

**Authority required (STREAMLINED)**

**4791**

Metastatic breast cancer

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

Patient must have failed prior therapy which included capecitabine and a taxane.

**Authority required (STREAMLINED)**

**4787**

Metastatic breast cancer

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

Patient must have a contraindication to therapy with capecitabine and/or a taxane.

**Injection**

4364Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	100 mg	5	..	*2107.63	38.30	Caelyx [JC] (doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial) Caelyx [JC] (doxorubicin hydrochloride-pegylated liposomal 50 mg/25 mL injection, 1 x 25 mL vial) Liposomal Doxorubicin SUN [ZF] (doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial) Liposomal Doxorubicin SUN [ZF] (doxorubicin hydrochloride-pegylated liposomal 50 mg/25 mL injection, 1 x 25 mL vial)

▪ **EPIRUBICIN**

**Injection/intravesical**

4375G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	5	..	*412.67	38.30	DBL Epirubicin Hydrochloride Injection [HH] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial) Epirubicin ACT [EA] (epirubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial) Epirubicin ACT [EA] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial) Epirubicin ACT [EA] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial) Epirubicin Kabi [PK] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial) Epirubicin SZ [HX] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial) Hospira Pty Limited [HH] (epirubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial) Hospira Pty Limited [HH] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial)

▪ **IDARUBICIN**

**Restricted benefit**

Acute myelogenous leukaemia

**Injection**

4440Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*344.66	38.30	Idarubicin Ebewe [SZ] (idarubicin hydrochloride 10 mg/10 mL injection, 1 x 10 mL vial) Idarubicin Ebewe [SZ] (idarubicin hydrochloride 5 mg/5 mL injection, 1 x 5 mL vial)

Zavedos Solution [PF] (IDARUBICIN HYDROCHLORIDE Solution for I.V. injection 10 mg in 10 mL, 6)  
 Zavedos Solution [PF] (IDARUBICIN HYDROCHLORIDE Solution for I.V. injection 5 mg in 5 mL, 3)

## ■ MITOZANTRONE

### Injection

4514N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*205.69	38.30	Hospira Pty Limited [HH] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial) Mitozantrone Ebewe [SZ] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial) Onkotrone [BX] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial) Onkotrone [BX] (mitozantrone 25 mg/12.5 mL injection, 1 x 12.5 mL vial)

### Other cytotoxic antibiotics

## ■ BLEOMYCIN SULFATE

### Restricted benefit

Germ cell neoplasms

### Restricted benefit

Lymphoma

### Injection

4433H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30000 iu	11	..	*258.93	38.30	Bleo 15K [EA] (bleomycin sulfate 15 000 international units injection, 1 x 15 000 international units vial) Hospira Pty Limited [HH] (bleomycin sulfate 15 000 international units injection, 1 x 15 000 international units vial)

## OTHER ANTINEOPLASTIC AGENTS

### Platinum compounds

## ■ CARBOPLATIN

### Injection

4309T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	5	..	*133.27	38.30	Carbaccord [EA] (carboplatin 150 mg/15 mL injection, 1 x 15 mL vial) Carbaccord [EA] (carboplatin 50 mg/5 mL injection, 1 x 5 mL vial) Carboplatin Kabi [PK] (carboplatin 450 mg/45 mL injection, 1 x 45 mL vial) Hospira Pty Limited [HH] (carboplatin 150 mg/15 mL injection, 1 x 15 mL vial) Hospira Pty Limited [HH] (carboplatin 450 mg/45 mL injection, 1 x 45 mL vial) Hospira Pty Limited [HH] (carboplatin 50 mg/5 mL injection, 1 x 5 mL vial)

## ■ CISPLATIN

### Injection

4319H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	14	..	*128.01	38.30	Cisplatin Ebewe [SZ] (cisplatin 100 mg/100 mL injection, 1 x 100 mL vial) Hospira Pty Limited [HH] (cisplatin 100 mg/100 mL injection, 1 x 100 mL vial) Hospira Pty Limited [HH] (cisplatin 50 mg/50 mL injection, 1 x 50 mL vial)

## ■ OXALIPLATIN

**Note** Pharmaceutical benefits that have the form oxaliplatin powder for I.V. infusion 50 mg (after reconstitution) and pharmaceutical benefits that have the form oxaliplatin solution concentrate for I.V. infusion 50 mg are equivalent for the purposes of substitution.

**Note** Pharmaceutical benefits that have the form oxaliplatin powder for I.V. infusion 100 mg (after reconstitution) and pharmaceutical benefits that have the form oxaliplatin solution concentrate for I.V. infusion 100 mg are equivalent for the purposes of substitution.

**Injection**

4542C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	11	..	*111.44	38.30	DBL Oxaliplatin Concentrate [HH] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) DBL Oxaliplatin Concentrate [HH] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial) Eloxatin [SW] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Eloxatin [SW] (oxaliplatin 200 mg/40 mL injection, 1 x 40 mL vial) Eloxatin [SW] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial) Oxaliccord [EA] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Oxaliplatin Kabi [PK] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Oxaliplatin MYX [YN] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Oxaliplatin SUN [ZF] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial) Oxaliplatin SUN [ZF] (oxaliplatin 200 mg/40 mL injection, 1 x 40 mL vial) Oxaliplatin SUN [ZF] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial) Oxaliplatin SZ [HX] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial)

Public

*Monoclonal antibodies*

▪ **BEVACIZUMAB**

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4814**

Advanced International Federation of Gynecology and Obstetrics (FIGO) Stage IIIB, IIIC or Stage IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial treatment

**Clinical criteria:**

The condition must be suboptimally debulked (maximum diameter of any gross residual disease greater than 1 cm) only if the patient presents with Stage IIIB or Stage IIIC disease, **AND**

Patient must have a WHO performance status of 2 or less, **AND**

The condition must be previously untreated, **AND**

The treatment must be commenced in combination with platinum-based chemotherapy, **AND**

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks, **AND**

The treatment must not exceed a lifetime total of 18 cycles of bevacizumab for epithelial ovarian, fallopian tube or primary peritoneal cancer.

The patient's WHO performance status and body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

**Injection**

10115J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	5	..	*3952.67	38.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 1 x 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 1 x 16 mL vial)

▪ **BEVACIZUMAB**

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4584**

Advanced International Federation of Gynecology and Obstetrics (FIGO) Stage IIIB, IIIC or Stage IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously received PBS-subsidised treatment with bevacizumab for this condition, **AND**

Patient must not have progressive disease, **AND**

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks, **AND**

The treatment must not exceed a lifetime total of 18 cycles of bevacizumab for epithelial ovarian, fallopian tube or primary peritoneal cancer.

## Injection

10121Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	11	..	*3952.67	38.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 1 x 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 1 x 16 mL vial)

### ■ BEVACIZUMAB

**Note** Special Pricing Arrangements apply.

#### Authority required (STREAMLINED)

**4594**

Metastatic colorectal cancer

Treatment Phase: Initial treatment

#### **Clinical criteria:**

The condition must be previously untreated, **AND**

Patient must have a WHO performance status of 0 or 1, **AND**

The treatment must be in combination with first-line chemotherapy, **AND**

The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

The patient's WHO performance status and body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

#### Authority required (STREAMLINED)

**4587**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

Patient must have previously received PBS-subsidised treatment with bevacizumab for this condition, **AND**

Patient must not have progressive disease, **AND**

The treatment must be in combination with first-line chemotherapy, **AND**

The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

The patient's body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

#### Authority required (STREAMLINED)

**4939**

Metastatic colorectal cancer

Treatment Phase: Initial treatment

#### **Clinical criteria:**

Patient must have RAS wild-type metastatic colorectal cancer, **AND**

Patient must be previously treated with PBS-subsidised first-line anti-EGFR antibodies, **AND**

Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**

Patient must have a WHO performance status of 0 or 1, **AND**

The treatment must be in combination with second-line chemotherapy, **AND**

The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

**Note** This drug is not PBS-subsidised for use in combination with an anti-EGFR antibody.

#### Authority required (STREAMLINED)

**4968**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

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 be in combination with second-line chemotherapy, **AND**

The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR

The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

**Note** This drug is not PBS-subsidised for use in combination with an anti-EGFR antibody.

**Note** Bevacizumab is not PBS-subsidised when chemotherapy partners are switched whilst maintaining a bevacizumab backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

## Injection

4400N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	11	..	*3952.67	38.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 1 x 4 mL vial)

Avastin [RO] (bevacizumab 400 mg/16 mL injection, 1 x 16 mL vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

CD30 positive systemic anaplastic large cell lymphoma

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must not have progressive disease, **AND**

Patient must have previously been issued with an authority prescription for this drug.

The treatment must not exceed a lifetime total of 16 cycles.

**Injection**

10171H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*21282.67	38.30	Adcetris [TK] (brentuximab vedotin 50mg injection, 1 x 50 mg vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** No increase in the maximum number of repeats may be authorised.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

CD30 positive systemic anaplastic large cell lymphoma

Treatment Phase: Initial treatment

**Clinical criteria:**

The treatment must be for curative intent, **AND**

Patient must have undergone appropriate prior front-line curative intent chemotherapy, **AND**

Patient must demonstrate relapsed or chemotherapy-refractory disease.

Applications for authorisation of initial treatment must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Systemic anaplastic large cell lymphoma Brentuximab PBS Authority Application - Supporting Information Form which includes the following:

(i) a histology report including evidence of the tumour's CD30 positivity from a biopsy subsequent to the most recently delivered prior treatment with radiation, chemotherapy, biologics, immunotherapy or other agents;

(ii) The date of initial diagnosis of systemic anaplastic large cell lymphoma;

(iii) Dates of commencement and completion of front-line curative intent chemotherapy;

(iv) a declaration of whether the patient's disease is relapsed or refractory, and the date and means by which the patient's disease was assessed as being relapsed or refractory;

(v) a declaration of whether the patient has had, or is planned to have, a transplant

A maximum quantity and number of repeats to provide for an initial course of brentuximab vedotin of 4 cycles will be authorised as part of the initiating restriction.

**Injection**

10166C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*21282.67	38.30	Adcetris [TK] (brentuximab vedotin 50mg injection, 1 x 50 mg vial)

▪ **CETUXIMAB**

**Note** A maximum lifetime supply for this indication is limited to a maximum of 8 treatments per site and to 10 treatments per site for patients in whom radiotherapy is interrupted.

**Authority required (STREAMLINED)**

**4788**

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx

Treatment Phase: Continuing treatment

**Clinical criteria:**

The treatment must be in combination with radiotherapy, **AND**

Patient must be unable to tolerate cisplatin; OR  
 Patient must have a contraindication to cisplatin according to the TGA-approved Product Information.

### Injection

4435K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	5	..	*2128.67	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

### ■ CETUXIMAB

**Note** No increase in the maximum number of repeats may be authorised.

#### Authority required (STREAMLINED)

#### 4794

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx

Treatment Phase: Initial treatment

#### Clinical criteria:

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.

#### Authority required (STREAMLINED)

#### 4785

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx

Treatment Phase: Initial treatment

#### Clinical criteria:

The treatment must be in combination with radiotherapy, **AND**

Patient must be unable to tolerate cisplatin.

### Injection

4312Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	880 mg	..	..	*3151.67	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

### ■ CETUXIMAB

**Note** Special Pricing Arrangements apply.

**Note** This drug is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.

#### Authority required (STREAMLINED)

#### 4965

Metastatic colorectal cancer

Treatment Phase: Initial treatment

#### Clinical criteria:

Patient must have RAS wild-type metastatic colorectal cancer, **AND**

Patient must have a WHO performance status of 2 or less, **AND**

The condition must have failed to respond to first-line chemotherapy, **AND**

The treatment must be as monotherapy; OR

The treatment must be in combination with chemotherapy, **AND**

The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab.

Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab.

#### Authority required (STREAMLINED)

#### 4908

Metastatic colorectal cancer

Treatment Phase: Initial treatment

#### Clinical criteria:

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.

### Injection

4436L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	880 mg	..	..	*3151.67	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial)

Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

▪ **CETUXIMAB**

**Note** Special Pricing Arrangements apply.

**Note** This drug is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.

**Note** This drug is not PBS-subsidised when chemotherapy partners are switched whilst maintaining an anti-EGFR antibody backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Authority required (STREAMLINED)**

**4912**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

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.

**Injection**

10262D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	18	..	*2128.67	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

▪ **CETUXIMAB**

**Note** Special Pricing Arrangements apply.

**Note** This drug is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.

**Note** This drug is not PBS-subsidised when chemotherapy partners are switched whilst maintaining an anti-EGFR antibody backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Authority required (STREAMLINED)**

**4945**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have received an initial authority prescription for this drug for treatment of RAS wild-type metastatic colorectal cancer after failure of first-line chemotherapy, **AND**

Patient must not have progressive disease, **AND**

The treatment must be as monotherapy; OR

The treatment must be in combination with chemotherapy, **AND**

The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab.

Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab.

**Injection**

4731B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	11	..	*2128.67	38.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial)

▪ **IPILIMUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4254**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

**Clinical criteria:**

The treatment must be as monotherapy, **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.

**Note** For patients who commence therapy with ipilimumab:

- (i) Decisions concerning efficacy should await completion of the entire induction regimen (four doses) and should be made in conjunction with established criteria for immunological responses. However induction may be ceased or delayed if symptomatic progressive disease or intolerable adverse events occur and if, in the opinion of the clinician, continuation of treatment poses a risk to the patient;
- (ii) Tumour responses may occur beyond the initial 12 week induction phase and evaluation for potential later responses should be undertaken regularly for the first year.

**Authority required (STREAMLINED)**

**4261**

Unresectable Stage III or Stage IV malignant melanoma  
 Treatment Phase: Re-induction treatment

**Clinical criteria:**

The treatment must be as monotherapy, **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 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.

**Injection**

2641B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	3	..	*47458.83	38.30	Yervoy [BQ] (ipilimumab 200 mg/40 mL injection, 1 x 40 mL vial) Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 1 x 10 mL vial)

▪ **IPILIMUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4251**

Unresectable Stage III or Stage IV malignant melanoma  
 Treatment Phase: Completion of induction treatment

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

The treatment must be for completion of induction treatment in a patient who commenced induction treatment with ipilimumab prior to 1 August 2013, **AND**

The treatment must not exceed a total of 4 doses (combined PBS-subsidised and non-PBS-subsidised) 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.

For patients who commenced induction treatment with ipilimumab prior to 1 August 2013 prescribers should request the appropriate number of repeats to provide a total of 4 doses of ipilimumab (combined PBS-subsidised and non-PBS subsidised).

**Note** For patients who commence therapy with ipilimumab:

- (i) Decisions concerning efficacy should await completion of the entire induction regimen (four doses) and should be made in conjunction with established criteria for immunological responses. However induction may be ceased or delayed if symptomatic progressive disease or intolerable adverse events occur and if, in the opinion of the clinician, continuation of treatment poses a risk to the patient;
- (ii) Tumour responses may occur beyond the initial 12 week induction phase and evaluation for potential later responses should be undertaken regularly for the first year.

**Authority required (STREAMLINED)**

**4252**

Unresectable Stage III or Stage IV malignant melanoma  
 Treatment Phase: Completion of re-induction treatment

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

Patient must have progressive disease after achieving an initial objective response to the most recent course of ipilimumab treatment (induction or re-induction) received prior to 1 August 2013, **AND**

The treatment must be for completion of re-induction treatment in a patient who commenced re-induction treatment with ipilimumab prior to 1 August 2013, **AND**

The treatment must not exceed a total of 4 doses (combined PBS-subsidised and non-PBS-subsidised) 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 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.

For patients who commenced re-induction treatment with ipilimumab prior to 1 August 2013 prescribers should request the appropriate number of repeats to provide a maximum of 4 doses of ipilimumab (combined PBS-subsidised and non-PBS-subsidised).

**Injection**

2663E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	2	..	*47458.83	38.30	Yervoy [BQ] (ipilimumab 200 mg/40 mL injection, 1 x 40 mL vial) Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 1 x 10 mL vial)

**OBINUTUZUMAB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Prior Written Approval of Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Obinutuzumab is not to be used as monotherapy or in combination with anti-cancer drugs other than chlorambucil.

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic lymphocytic leukaemia (CLL)

**Clinical criteria:**

Patient must require treatment for CD20 positive chronic lymphocytic leukaemia (CLL), **AND**

The condition must be previously untreated, **AND**

Patient must be inappropriate for fludarabine based chemo-immunotherapy, **AND**

The treatment must be in combination with chlorambucil, **AND**

Patient must have a creatinine clearance 30 mL/min or greater, **AND**

Patient must have a total cumulative illness rating scale (CIRS) score of greater than 6 (excluding CLL-induced illness or organ damage); OR

Patient must have a creatinine clearance less than 70 mL/min.

Treatment must be discontinued in patients who experience disease progression while on treatment.

Applications for authorisation must be in writing and must include:

(a) a completed authority prescription form; **AND**

(b) a completed CD20 positive Chronic Lymphocytic Leukaemia PBS Authority Application - Supporting Information Form which includes:

i) documentation that the patient has CD20 positive CLL (flow cytometry pathology report from blood or bone marrow, noting that this may be from some time earlier); **AND**

ii) a statement that the patient is previously untreated, is inappropriate for fludarabine based chemo immunotherapy, that treatment will be in combination with chlorambucil; **AND**

iii) documentation that the patient has a creatinine clearance 30 mL/min or greater; **AND**

iv) One of the following, either:

- A completed cumulative illness rating scale (CIRS) score form demonstrating that the patient has a score of greater than 6 (excluding CLL-induced illness or organ damage)

OR

-Documentation that the patient has a creatinine clearance less than 70 mL/min;

**Injection**

10407R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	7	..	*5375.67	38.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

**OFATUMUMAB**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)****4858**Chronic lymphocytic leukaemia (CLL)  
Treatment Phase: Continuing treatment**Clinical criteria:**

The condition must be CD20 positive chronic lymphocytic leukaemia (CLL), **AND**  
 Patient must have previously been issued with an authority prescription for this drug, **AND**  
 Patient must not have progressive disease, **AND**  
 Patient must be inappropriate for fludarabine based therapy, **AND**  
 The treatment must be in combination with chlorambucil.

**Injection**

10236R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*3468.26	38.30	Arzerra [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial)

**■ OFATUMUMAB****Note** An initial dose of 1300 mg of PBS-subsidised ofatumumab must be made up of 3 vials of 100 mg and 1 vial of 1000 mg.**Note** No increase in the maximum quantity or number of units may be authorised.**Note** Special Pricing Arrangements apply.**Authority required (STREAMLINED)****4828**Chronic lymphocytic leukaemia (CLL)  
Treatment Phase: Initial treatment**Clinical criteria:**

The condition must be CD20 positive chronic lymphocytic leukaemia (CLL), **AND**  
 The condition must be previously untreated, **AND**  
 The treatment must be in combination with chlorambucil, **AND**  
 Patient must be inappropriate for fludarabine based therapy.

**Injection**

10252N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*3468.26	38.30	Arzerra [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial)

**Injection**

10249K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	..	..	*1098.35	38.30	Arzerra [NV] (ofatumumab 100 mg/5 mL injection, 3 x 5 mL vials)

**■ PANITUMUMAB****Note** Special Pricing Arrangements apply.**Note** This drug is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.**Authority required (STREAMLINED)****5439**Metastatic colorectal cancer  
Treatment Phase: Initial treatment**Clinical criteria:**

Patient must have RAS wild-type metastatic colorectal cancer, **AND**  
 Patient must have a WHO performance status of 2 or less, **AND**  
 The condition must have failed to respond to first-line chemotherapy, **AND**  
 The treatment must be as monotherapy; OR  
 The treatment must be in combination with 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.

**Authority required (STREAMLINED)****5447**Metastatic colorectal cancer  
Treatment Phase: Continuing treatment**Clinical criteria:**

Patient must have received an initial authority prescription for this drug for treatment of RAS wild-type metastatic colorectal cancer after failure of first-line chemotherapy, **AND**  
 Patient must not have progressive disease, **AND**  
 The treatment must be as monotherapy; OR  
 The treatment must be in combination with 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.

**Note** This drug is not PBS-subsidised when chemotherapy partners are switched whilst maintaining an anti-EGFR antibody backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Injection**

10082P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	720 mg	5	..	*5906.67	38.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 1 x 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 1 x 20 mL vial)

▪ **PANITUMUMAB**

**Note** Special Pricing Arrangements apply.

**Note** Panitumumab is not PBS-subsidised for use in combination with another anti-EGFR antibody or in combination with an anti-VEGF antibody.

**Authority required (STREAMLINED)**

**5526**

Metastatic colorectal cancer

Treatment Phase: Initial Treatment

**Clinical criteria:**

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.

**Authority required (STREAMLINED)**

**5452**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

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.

**Note** This drug is not PBS-subsidised when chemotherapy partners are switched whilst maintaining an anti-EGFR antibody backbone in the face of progressive disease.

**Note** The treatment must not exceed a single course of therapy with this drug for metastatic colorectal cancer in a patient's lifetime.

**Injection**

10513H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	720 mg	9	..	*5906.67	38.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 1 x 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 1 x 20 mL vial)

▪ **PEMBROLIZUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** **MANAGED ENTRY SCHEME**

This medicine has been listed on the PBS via a Managed Entry Scheme (MES). This MES provides a mechanism to address the uncertainty over the size of the additional clinical benefit of this medicine while providing early access to those patients for whom there is a high clinical need.

Information about the benefits of this medicine in clinical practice will be collected, analysed and presented to the Pharmaceutical Benefits Advisory Committee (PBAC) for consideration in the near future.

Prescribers and patients must be aware that if a drug listed via a MES does not prove as beneficial in clinical practice as appeared in the clinical data presented to the PBAC, it may subsequently have its restriction modified, or may be removed from the PBS by the Commonwealth or at the request of the sponsor.

In the case of pembrolizumab, the relevant information is being collected from an ongoing clinical trial outside the PBS. Details of these arrangements are included in an information sheet that must be provided by the prescribing doctor to each patient receiving PBS subsidy for this medicine.

For more information on Managed Entry Schemes, please visit

<http://www.pbs.gov.au/info/publication/factsheets/shared/framework-for-introduction-of-managed-entry-scheme-for-PBAC-submissions>.

For more information on the PBAC's consideration of this medicine and its MES, please visit

<http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/psd/2015-03/pembrolizumab-psd-03-2015>.

**Authority required (STREAMLINED)**

**5362**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

**Clinical criteria:**

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, **AND**

The treatment must not exceed a maximum dose of 2 mg per kg every 3 weeks.

**Injection**

10436G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	240 mg	7	..	*11232.67	38.30	Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

**■ PEMBROLIZUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note MANAGED ENTRY SCHEME**

This medicine has been listed on the PBS via a Managed Entry Scheme (MES). This MES provides a mechanism to address the uncertainty over the size of the additional clinical benefit of this medicine while providing early access to those patients for whom there is a high clinical need.

Information about the benefits of this medicine in clinical practice will be collected, analysed and presented to the Pharmaceutical Benefits Advisory Committee (PBAC) for consideration in the near future.

Prescribers and patients must be aware that if a drug listed via a MES does not prove as beneficial in clinical practice as appeared in the clinical data presented to the PBAC, it may subsequently have its restriction modified, or may be removed from the PBS by the Commonwealth or at the request of the sponsor.

In the case of pembrolizumab, the relevant information is being collected from an ongoing clinical trial outside the PBS.

Details of these arrangements are included in an information sheet that must be provided by the prescribing doctor to each patient receiving PBS subsidy for this medicine.

For more information on Managed Entry Schemes, please visit

<http://www.pbs.gov.au/info/publication/factsheets/shared/framework-for-introduction-of-managed-entry-scheme-for-PBAC-submissions>.

For more information on the PBAC's consideration of this medicine and its MES, please visit

<http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/psd/2015-03/pembrolizumab-psd-03-2015>.

**Authority required (STREAMLINED)**

**5361**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

The condition must be positive for a BRAF V600 mutation, **AND**

The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor) unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**

Patient must not have received prior treatment with ipilimumab, **AND**

The treatment must not exceed a total of 6 doses at a maximum dose of 2 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.

**Note** In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later

**Authority required (STREAMLINED)**

**5334**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

The condition must be negative for a BRAF V600 mutation, **AND**

The condition must be previously untreated, **AND**

The treatment must not exceed a total of 6 doses at a maximum dose of 2 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.

**Note** In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later

**Authority required (STREAMLINED)**

**5293**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Grandfathering treatment

**Clinical criteria:**

The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

The treatment must be for continuing therapy in a patient who commenced treatment with pembrolizumab prior to 1 September 2015, **AND**

Patient must have stable or responding disease, **AND**

The treatment must not exceed a maximum dose of 2 mg per kg every 3 weeks.

**Injection**

10493G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	240 mg	5	..	*11232.67	38.30	Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

▪ **PERTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

**Clinical criteria:**

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**

Patient must have a WHO performance status of 0 or 1, **AND**

Patient must not have received prior anti-HER2 therapy for this condition, **AND**

Patient must not have received prior chemotherapy for this condition, **AND**

The treatment must be in combination with trastuzumab and a taxane, **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.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Late stage metastatic breast cancer Initial PBS authority application form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH) and tick a box to state the person has Stage IV disease; and

(ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

**Injection**

10267J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	..	..	*6227.41	38.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 1 x 14 mL vial)

▪ **PERTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826  
HOBART TAS 7001

**Authority required**

HER2 positive breast cancer  
Treatment Phase: Grandfathering treatment

**Clinical criteria:**

Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015; OR  
Patient must have received non-PBS-subsidised trastuzumab for this condition before 1 July 2015, **AND**

Patient must not have received non-PBS-subsidised treatment with trastuzumab for this condition before 1 July 2014, **AND**

Patient must not have received prior therapy with trastuzumab emtansine or lapatinib for this condition, **AND**

The treatment must be in combination with trastuzumab, **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.

Authority applications for treatment must be made in writing and must include a completed authority prescription form and a copy of the signed patient acknowledgement form.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

**Injection**

10309N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	1	..	*6227.41	38.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 1 x 14 mL vial)

▪ **PERTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer  
Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**

Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**

The treatment must be in combination with trastuzumab, **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), at 3 monthly intervals during treatment.

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. However, short treatment breaks are permitted. A patient who has a treatment break of less than 6 weeks in PBS-subsidised treatment with this drug for reasons other than disease progression is eligible to continue to receive PBS-subsidised treatment with this drug. A patient who has a treatment break of more than 6 weeks in PBS-subsidised treatment with this drug is not eligible to receive PBS-subsidised treatment with this drug.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

**Injection**

10333W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	420 mg	3	..	*3155.04	38.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 1 x 14 mL vial)

▪ **RITUXIMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)**

**4677**

Relapsed or refractory low-grade B-cell non-Hodgkin's lymphoma  
Treatment Phase: Re-induction treatment

**Clinical criteria:**

The treatment must be for re-induction treatment purposes only, **AND**

The condition must have relapsed or be refractory to treatment, **AND**

Patient must not receive more than 4 doses under this restriction.

**Authority required (STREAMLINED)**

**4678**

Relapsed or refractory follicular B-cell non-Hodgkin's lymphoma  
Treatment Phase: Re-induction treatment

**Clinical criteria:**

The treatment must be for re-induction treatment purposes only, **AND**

The condition must have relapsed or be refractory to treatment, **AND**

Patient must not receive more than 4 doses under this restriction.

**Injection**

4614W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	3	..	*3335.35	38.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)

▪ **RITUXIMAB**

**Note** This drug is not PBS-subsidised for use as monotherapy.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)**

**4706**

Chronic lymphocytic leukaemia (CLL)

**Clinical criteria:**

The condition must be CD20 positive chronic lymphocytic leukaemia (CLL), **AND**

The treatment must be in combination with chemotherapy.

**Injection**

4615X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1100 mg	5	..	*4555.08	38.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)

▪ **RITUXIMAB**

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4674**

Stage III or IV CD20 positive follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Maintenance therapy

**Clinical criteria:**

Patient must have demonstrated a partial or complete response to the induction phase of treatment for previously untreated follicular B-cell Non-Hodgkin's lymphoma, received immediately prior to this current Authority application, **AND**

The treatment must be maintenance therapy, **AND**

Patient must not receive more than 12 doses or 2 years duration of treatment, whichever comes first, under this restriction.

**Injection**

10179R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	11	..	*3335.35	38.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)

▪ **RITUXIMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)**

**4701**

Previously untreated CD20 positive diffuse large B-cell non-Hodgkin's lymphoma

Treatment Phase: Induction treatment

**Clinical criteria:**

The treatment must be in combination with chemotherapy, **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 8 doses under this restriction.

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

**Authority required (STREAMLINED)**

**4726**

Previously untreated Stage III or IV CD20 positive follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Induction treatment

**Clinical criteria:**

The treatment must be in combination with chemotherapy, **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 8 doses under this restriction.

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

**Authority required (STREAMLINED)**

**4686**

Relapsed or refractory Stage III or IV CD20 positive follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Maintenance therapy

**Clinical criteria:**

The treatment must be maintenance therapy, **AND**

Patient must have demonstrated a partial or complete response to re-induction treatment received immediately prior to this current Authority application, **AND**

Patient must not receive more than 8 cycles or 2 years duration of treatment, whichever comes first, under this restriction.

**Note** Special Pricing Arrangements apply.

**Injection**

4613T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	7	..	*3335.35	38.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)

**▪ TRASTUZUMAB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Locally advanced HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

**Clinical criteria:**

Patient must commence treatment concurrently with neoadjuvant chemotherapy, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and

(ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 4 mg per kg.

**Authority required**

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

**Clinical criteria:**

Patient must commence treatment concurrently with adjuvant chemotherapy, **AND**

Patient must have undergone surgery, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:

- (i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and  
 (ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 4 mg per kg.

### Injection

4632T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	500 mg	..	..	*3585.36	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

### ■ TRASTUZUMAB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
 Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

#### **Authority required**

Locally advanced HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

#### **Clinical criteria:**

Patient must commence treatment concurrently with neoadjuvant chemotherapy, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and

(ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 8 mg per kg.

#### **Authority required**

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

#### **Clinical criteria:**

Patient must commence treatment concurrently with adjuvant chemotherapy, **AND**

Patient must have undergone surgery, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and

(ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 8 mg per kg.

### Injection

4650R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*7088.03	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)

## ▪ TRASTUZUMAB

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### Authority required

Metastatic (Stage IV) HER2 positive adenocarcinoma of the stomach or gastro-oesophageal junction

Treatment Phase: Initial treatment

### **Clinical criteria:**

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 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 cisplatin and capecitabine; OR

Patient must commence treatment in combination with cisplatin 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.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Metastatic (Stage IV) HER2 positive adenocarcinoma of stomach or gastro-oesophageal junction authority application form which includes confirmation that the patient has Stage IV disease and a copy of the pathology report from an Approved Pathology Authority confirming evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated in tumour material by both (i) immunohistochemistry (IHC) 2+ or IHC 3+ AND (ii) in situ hybridisation (ISH) results based on both more than 6 copies of HER2 AND the ratio of HER2: chromosome 17 being more than 2 in the same tumour tissue sample

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment

### Injection

10581X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*7088.03	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)
						Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

## ▪ TRASTUZUMAB

**Note** No increase in the maximum quantity or number of units may be authorised with one exception: where a patient has a break in therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose up to a maximum of 1000 mg.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### Authority required

Metastatic (Stage IV) HER2 positive adenocarcinoma of the stomach or gastro-oesophageal junction

Treatment Phase: Continuing treatment

### **Clinical criteria:**

Patient must have previously been issued with an authority prescription for 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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

**Injection**

10588G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*5233.68	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

▪ **TRASTUZUMAB**

**Note** No increase in the maximum quantity or number of units may be authorised with one exception: where a patient has a break in therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose up to a maximum of 1000 mg.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Metastatic (Stage IV) HER2 positive adenocarcinoma of the stomach or gastro-oesophageal junction

Treatment Phase: Initial PBS-subsidised treatment (Grandfather patient)

**Clinical criteria:**

Patient must have evidence of human epidermal growth factor receptor 2 (HER2) positivity, **AND**

Patient must have been treated with this drug for this condition prior to 1 January 2016, **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), at 3 monthly intervals during treatment.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Metastatic (Stage IV) HER2 positive adenocarcinoma of stomach or gastro-oesophageal junction authority application form which includes confirmation that the patient has Stage IV disease and a copy of the pathology report from an Approved Pathology Authority confirming evidence of human epidermal growth factor receptor 2 (HER2) positivity.

**Injection**

10595P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*5233.68	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

▪ **TRASTUZUMAB**

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

**Clinical criteria:**

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.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Late stage metastatic breast cancer Initial PBS authority application form which includes a copy of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH) and tick a box to state the patient has Stage IV disease.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

### Injection

10391X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*7088.03	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

### ■ TRASTUZUMAB

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Special Pricing Arrangements apply.

#### Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

Patient must have previously been issued with an authority prescription for 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 from when the last dose was due, authority approval will be granted for a new loading dose.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

### Injection

10401K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*5233.68	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

### ■ TRASTUZUMAB

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Special Pricing Arrangements apply.

#### Authority required

HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

#### **Clinical criteria:**

Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015, **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), at 3 monthly intervals during treatment.

### Injection

10423N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	3	..	*7088.03	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

### ■ TRASTUZUMAB

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for new loading doses may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Locally advanced HER2 positive breast cancer  
Treatment Phase: Continuing treatment (weekly regimen)

**Clinical criteria:**

Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**  
Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.  
Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.  
For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 2 mg per kg.  
Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

**Authority required**

Early HER2 positive breast cancer  
Treatment Phase: Continuing treatment (weekly regimen)

**Clinical criteria:**

Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**  
Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.  
Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.  
For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 2 mg per kg.  
Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

**Injection**

4639E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	9	..	*1937.04	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

**■ TRASTUZUMAB**

- Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
- Note** Authority applications for new loading doses may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
- Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)  
Applications for authority to prescribe should be forwarded to:  
Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Locally advanced HER2 positive breast cancer  
Treatment Phase: Continuing treatment (3 weekly regimen)

**Clinical criteria:**

Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**  
Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.  
Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.  
For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 6 mg per kg.  
Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

**Authority required**

Early HER2 positive breast cancer  
Treatment Phase: Continuing treatment (3 weekly regimen)

**Clinical criteria:**

Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**

Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 6 mg per kg.

Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

## Injection

4703M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*5233.68	38.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 x 150 mg vial)
						Herceptin [RO] (trastuzumab 60 mg injection, 1 x 60 mg vial)

## ■ TRASTUZUMAB EMTANSINE

**Note** No applications for increased maximum quantities will be authorised.

**Note** No applications for increased repeats will be authorised.

### Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

### **Clinical criteria:**

Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015; OR

Patient must have received non-PBS-subsidised trastuzumab for this condition before 1 July 2015; OR

Patient must have received PBS-subsidised lapatinib for this condition before 1 July 2015, **AND**

Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**

The treatment must be as monotherapy, **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.

Authority applications for treatment must be made in writing and must include a completed authority prescription form and a copy of the signed patient acknowledgement form.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

### **Clinical criteria:**

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 condition must have progressed following treatment with pertuzumab and trastuzumab in combination; OR

The condition must have progressed during or within 6 months of completing adjuvant therapy with trastuzumab, **AND**

Patient must have a WHO performance status of 0 or 1, **AND**

The treatment must be as monotherapy, **AND**

Patient must not have received prior treatment with lapatinib; OR

Patient must have developed intolerance to lapatinib of a severity necessitating permanent treatment withdrawal, **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.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Late stage metastatic breast cancer Initial PBS authority application form which includes:

(i) a copy of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH) and tick a box to state the person has Stage IV disease;

(ii) a copy of the signed patient acknowledgement form;

(iii) dates of treatment with trastuzumab and pertuzumab; and

(iv) date of demonstration of progression whilst on treatment with trastuzumab and pertuzumab; or

(v) date of demonstration of progression and date of completion of adjuvant trastuzumab treatment.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

Patients who have progressive disease on lapatinib are not eligible to receive PBS-subsidised trastuzumab emtansine.

Patients who have developed intolerance to lapatinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised trastuzumab emtansine.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**

Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**

The treatment must be as monotherapy, **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), at 3 monthly intervals during treatment.

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.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Injection**

10282E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	8	..	*7640.55	38.30	Kadcyla [RO] (trastuzumab emtansine 100 mg injection, 1 x 100 mg vial) Kadcyla [RO] (trastuzumab emtansine 160 mg injection, 1 x 160 mg vial)

*Other antineoplastic agents*

▪ **ARSENIC**

**Authority required (STREAMLINED)**

**4793**

Acute promyelocytic leukaemia

Treatment Phase: Induction and consolidation treatment

**Clinical criteria:**

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.

**Injection**

4371C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	18 mg	89	..	*884.33	38.30	Phenasen [PL] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)

▪ **BORTEZOMIB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Multiple myeloma

Treatment Phase: Treatment of Progressive disease - Continuing PBS-subsidised treatment

**Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have previously received 8 treatment cycles of bortezomib for progressive disease, **AND**

Patient must have demonstrated at the completion of cycle 8 at least a partial response to bortezomib, **AND**

Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**

Patient must not have a gap of more than 10 months between the initial application and an application following completion of 8 treatment cycles, **AND**

Patient must not receive more than 3 cycles of bortezomib under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form; and

(3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

(a) at least a 50% reduction in bone marrow plasma cells; or

(b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or

(c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or

(d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Diagnostic reports must be no more than one month old at the time of application.

Where a response assessment is not submitted prior to cycle 9, patients will be deemed to have failed to respond to treatment with bortezomib.

Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

**Injection**

4712B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	11	..	*1796.67	38.30	Velcade [JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial)

▪ **BORTEZOMIB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Multiple myeloma

Treatment Phase: Retreatment of Progressive disease - Continuing PBS-subsidised treatment

**Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have previously received 8 treatment cycles of bortezomib in the current treatment course, **AND**

Patient must have demonstrated at the completion of cycle 8 at least a partial response to bortezomib, **AND**

Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**

Patient must not have a gap of more than 10 months between the initial application and an application following completion of 8 treatment cycles, **AND**

Patient must not receive more than 3 cycles of bortezomib under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form; and

(3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

- (a) at least a 50% reduction in bone marrow plasma cells; or
- (b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
- (c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
- (d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Diagnostic reports must be no more than one month old at the time of application.

Where a response assessment is not submitted prior to cycle 9, patients will be deemed to have failed to respond to treatment with bortezomib.

Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

**Injection**

4725Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	11	..	*1796.67	38.30	Velcade [JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial)

▪ **BORTEZOMIB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Symptomatic multiple myeloma

**Clinical criteria:**

Patient must be newly diagnosed, **AND**

Patient must be eligible for high dose chemotherapy and autologous stem cell transplantation, **AND**

Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**

The treatment must be in combination with chemotherapy, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma; and
- (3) a signed patient acknowledgement.

**Injection**

4732C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1551.80	38.30	Velcade [JC] (bortezomib 1 mg injection, 1 x 1 mg vial)

▪ **BORTEZOMIB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Symptomatic multiple myeloma

Treatment Phase: Initial PBS-subsidised treatment

**Clinical criteria:**

Patient must be newly diagnosed, **AND**  
 Patient must be ineligible for high dose chemotherapy, **AND**  
 Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**  
 The treatment must be in combination with a corticosteroid and melphalan or cyclophosphamide, **AND**  
 Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.  
 The authority application must be made in writing and must include:  
 (1) a completed authority prescription form; and  
 (2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma and ineligibility for high dose chemotherapy; and  
 (3) a signed patient acknowledgement.

**Authority required**

Symptomatic multiple myeloma  
 Treatment Phase: Initial PBS-subsidised treatment

**Clinical criteria:**

Patient must be newly diagnosed, **AND**  
 Patient must have severe acute renal failure, **AND**  
 Patient must require dialysis; OR

Patient must be at high risk of requiring dialysis in the opinion of a nephrologist, **AND**  
 The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**  
 Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**  
 Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.  
 The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, the name of the nephrologist who has reviewed the patient and the date of review, a copy of the current pathology reports reporting Glomerular Filtration Rate from an Approved Pathology Authority, and nomination of the disease activity parameter(s) that will be used to assess response; and
- (3) a signed patient acknowledgement.

Disease activity parameters include current diagnostic reports of at least one of the following:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) in oligo-secretory and non-secretory myeloma patients only, the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. Magnetic Resonance Imaging (MRI) or computed tomography (CT) scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided.

Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

**Note** Patients who have initiated treatment with thalidomide within the last month do not have to experience failure after a trial of at least 4 weeks of thalidomide or to have failed to achieve at least a minimal response after at least 8 weeks of thalidomide treatment.

**Injection**

4403R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	31	..	*1551.80	38.30	Velcade [JC] (bortezomib 1 mg injection, 1 x 1 mg vial)

▪ **BORTEZOMIB**

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
 Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Multiple myeloma  
 Treatment Phase: Treatment of Progressive disease - Initial PBS-subsidised treatment

**Clinical criteria:**

The condition must be confirmed by a histological diagnosis, **AND**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have progressive disease after at least one prior therapy, **AND**

Patient must have undergone or be ineligible for a primary stem cell transplant, **AND**

Patient must have experienced treatment failure after a trial of at least four (4) weeks of thalidomide at a dose of at least 100 mg daily or have failed to achieve at least a minimal response after eight (8) or more weeks of thalidomide-based therapy for progressive disease, **AND**

Patient must not be receiving concomitant PBS-subsidised lenalidomide, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase of the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Thalidomide treatment failure is defined as:

- (1) confirmed disease progression during thalidomide treatment or within 6 months of discontinuing thalidomide treatment; or
- (2) severe intolerance or toxicity unresponsive to clinically appropriate dose adjustment.

Severe intolerance due to thalidomide is defined as unacceptable somnolence or sedation interfering with activities of daily living.

Toxicity from thalidomide is defined as peripheral neuropathy (Grade 2 or greater, interfering with function), drug-related seizures, serious Grade 3 or 4 drug-related dermatological reactions, such as Stevens-Johnson Syndrome, or other Grade 3 or 4 toxicity.

Failure to achieve at least a minimal response after 8 or more weeks of thalidomide-based therapy for progressive disease is defined as:

- (1) less than a 25% reduction in serum or urine M protein; or
- (2) in oligo-secretory and non-secretory myeloma patients only, less than a 25% reduction in the difference between involved and uninvolved serum free light chain levels.

If the dosing requirement for thalidomide 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; and
- (2) a completed Multiple Myeloma bortezomib Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, prior treatments including name(s) of drug(s) and date of most recent treatment cycle and record of prior stem cell transplant or ineligibility for prior stem cell transplant; details of thalidomide treatment failure; details of the basis of the diagnosis of progressive disease or failure to respond; and nomination of which disease activity parameters will be used to assess response; and
- (3) duration of thalidomide and daily dose prescribed; and
- (4) a signed patient acknowledgment.

To enable confirmation of eligibility for treatment, current diagnostic reports of at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

**Authority required**

Multiple myeloma

Treatment Phase: Treatment of Progressive disease - Continuing PBS-subsidised treatment

**Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have previously received 4 treatment cycles of bortezomib for progressive disease, **AND**  
 Patient must have demonstrated at the completion of cycle 4 at least a partial response to bortezomib, **AND**  
 Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**  
 Patient must not have a gap of more than 6 months between the initial application and subsequent applications, **AND**  
 Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form; and
- (3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

- (a) at least a 50% reduction in bone marrow plasma cells; or
- (b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
- (c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
- (d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Diagnostic reports must be no more than one month old at the time of application.

Where a response assessment is not submitted prior to cycle 5, patients will be deemed to have failed to respond to treatment with bortezomib.

Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

**Note** Patients who fail to demonstrate at least a partial response after 8 cycles will not be eligible to receive further PBS-subsidised treatment with bortezomib.

## Injection

4706Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1796.67	38.30	Velcade [JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial)

## ■ BORTEZOMIB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
 Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

### Authority required

Multiple myeloma

Treatment Phase: Retreatment of Progressive disease - Initial PBS-subsidised treatment

### **Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have progressive disease, **AND**

Patient must have previously been treated with PBS-subsidised bortezomib, **AND**

Patient must have experienced at least a partial response to the most recent course of PBS-subsidised bortezomib therapy, **AND**

Patient must not be receiving concomitant PBS-subsidised lenalidomide, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase of the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein. If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

(a) at least a 50% reduction in bone marrow plasma cells; or

(b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or

(c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or

(d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application - Supporting Information Form which includes details of the basis of the current diagnosis of progressive disease and nomination of which disease activity parameters will be used to assess response; and

(3) diagnostic reports demonstrating the patient has achieved at least a partial response to the most recent course of PBS-subsidised bortezomib, if not previously provided; and

(4) a signed patient acknowledgment.

To enable confirmation of eligibility for treatment current diagnostic reports of at least one of the following must be provided:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided.

Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

#### **Authority required**

Multiple myeloma

Treatment Phase: Retreatment of Progressive disease - Continuing PBS-subsidised treatment

#### **Clinical criteria:**

The treatment must be as monotherapy; OR

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must have previously received 4 treatment cycles of bortezomib in the current treatment course, **AND**

Patient must have demonstrated at the completion of cycle 4 at least a partial response to bortezomib, **AND**

Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**

Patient must not have a gap of more than 6 months between the initial application and subsequent applications, **AND**

Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form; and

(3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:

- (a) at least a 50% reduction in bone marrow plasma cells; or
- (b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
- (c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
- (d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

Diagnostic reports must be no more than one month old at the time of application.

Where a response assessment is not submitted prior to cycle 5, patients will be deemed to have failed to respond to treatment with bortezomib.

Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

**Note** Patients who fail to demonstrate at least a partial response after 8 cycles will not be eligible to receive further PBS-subsidised treatment with bortezomib.

## Injection

4713C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1796.67	38.30	Velcade [JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial)

## ■ BORTEZOMIB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

### Authority required

Symptomatic multiple myeloma

Treatment Phase: Continuing PBS-subsidised treatment

### **Clinical criteria:**

Patient must have received an initial authority prescription for bortezomib for newly diagnosed symptomatic multiple myeloma and be ineligible for high dose chemotherapy, **AND**

Patient must not have demonstrated progressive disease at the time of application, **AND**

Patient must not have achieved a best confirmed response to bortezomib at the time of application, **AND**

Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**

The treatment must be in combination with a corticosteroid and melphalan or cyclophosphamide, **AND**

Patient must not receive more than 5 cycles of treatment with bortezomib under this restriction.

Continuing PBS-subsidised supply will not be approved if there is a gap of more than 6 months between the initial application and this application.

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### Authority required

Symptomatic multiple myeloma

Treatment Phase: Continuing PBS-subsidised treatment

### **Clinical criteria:**

Patient must have received an initial authority prescription for bortezomib for newly diagnosed symptomatic multiple myeloma and have severe acute renal failure, **AND**

Patient must have demonstrated at least a partial response at the completion of cycle 4 at the time of application, **AND**

The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

Patient must not be receiving PBS-subsidised thalidomide or lenalidomide, **AND**

Patient must not receive more than 5 cycles of treatment with bortezomib under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma bortezomib Authority Application Supporting Information form, which includes a copy of the current pathology reports reporting Glomerular Filtration Rate from an Approved Pathology authority; and

(3) diagnostic reports demonstrating the patient has achieved at least a partial response.

If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

If urine Bence-Jones protein levels are being used to monitor disease activity, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein is unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.

If serum M protein and urine Bence-Jones protein and serum FLC are not being used to monitor disease activity, partial response compared with baseline is defined as:

- (a) at least a 50% reduction in bone marrow plasma cells; or
  - (b) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
  - (c) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
  - (d) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.
- Continuing PBS-subsidised supply will not be approved if there is a gap of more than 6 months between the initial application and this application.

**Note** Authority applications for continuing treatment may be faxed to the Department of Human Services on 1300 154 190 (hours of operation 8.a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

**Injection**

4429D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	19	..	*1551.80	38.30	Velcade [JC] (bortezomib 1 mg injection, 1 x 1 mg vial)

▪ **ERIBULIN**

**Note** A patient who has progressive disease with eribulin is no longer eligible for PBS-subsidised eribulin.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**4649**

Locally advanced or metastatic breast cancer

**Clinical criteria:**

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.

**Injection**

10144X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3 mg	13	..	*1432.67	38.30	Halaven [EI] (eribulin mesilate 1 mg/2 mL injection, 1 x 2 mL vial)

▪ **IRINOTECAN**

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

**Injection**

4451G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	11	..	*340.03	38.30	Hospira Pty Limited [HH] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Hospira Pty Limited [HH] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) Irinoccord [EA] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Irinoccord [EA] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) Irinotecan Actavis 500 [EA] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) Irinotecan Ebewe [SZ] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Irinotecan Ebewe [SZ] (irinotecan hydrochloride trihydrate 300 mg/15 mL injection, 1 x 15 mL vial) Irinotecan Ebewe [SZ] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) Irinotecan Ebewe [SZ] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) Irinotecan Kabi [PK] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Irinotecan MYX [YN] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Omegapharm Irinotecan [OE] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) Omegapharm Irinotecan [OE] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) Tecan [ED] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial)

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▪ **TOPOTECAN**

**Authority required (STREAMLINED)**

**3186**

Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound

**Injection**

4617B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3500 mcg	17	..	*147.20	38.30	Hycamtin [NV] (topotecan 4 mg injection, 5 x 4 mg vials) Topotecan Agila [AF] (topotecan 4 mg injection, 1 x 4 mg vial) Topotecan Kabi [PK] (topotecan 4 mg injection, 5 x 4 mg vials)

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# Related Pharmaceutical Benefits for Public Hospital use

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ALIMENTARY TRACT AND METABOLISM.....	90
ANTIEMETICS AND ANTINAUSEANTS.....	90
ANTIEMETICS AND ANTINAUSEANTS .....	90
<hr/>	
ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS .....	92
IMMUNOSTIMULANTS .....	92
IMMUNOSTIMULANTS .....	92
<hr/>	
VARIOUS .....	94
ALL OTHER THERAPEUTIC PRODUCTS .....	94
ALL OTHER THERAPEUTIC PRODUCTS.....	94

## ALIMENTARY TRACT AND METABOLISM

### ANTIEMETICS AND ANTINAUSEANTS

#### ANTIEMETICS AND ANTINAUSEANTS

##### *Serotonin (5HT<sub>3</sub>) antagonists*

#### GRANISETRON

##### **Restricted benefit**

Nausea and vomiting

##### **Clinical criteria:**

The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

##### granisetron 2 mg tablet, 1

5898K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2	..	..	*18.58	19.75	Kytril [RO]

##### granisetron 3 mg/3 mL injection, 1 x 3 mL ampoule

5899L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	2.93	4.10	<sup>a</sup> Granisetron-AFT [AE] <sup>a</sup> Granisetron Kabi [PK]	<sup>a</sup> GRANISETRON APOTEX [TX] <sup>a</sup> Kytril [RO]

#### ONDANSETRON

##### **Restricted benefit**

Nausea and vomiting

##### **Clinical criteria:**

The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

##### ondansetron 4 mg tablet, 4

5967C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	5.54	6.71	<sup>a</sup> APO-Ondansetron [TX] <sup>a</sup> Ondansetron-DRLA [RZ] <sup>a</sup> Ondaz [SZ] <sup>a</sup> Zofran [AS]	<sup>a</sup> Ondansetron AN [EA] <sup>a</sup> Ondansetron SZ [HX] <sup>a</sup> Onsetron 4 [ZP]

##### ondansetron 4 mg/5 mL oral liquid, 50 mL

5848T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	±1	..	..	80.78	38.30	Zofran syrup 50 mL [AS]

##### ondansetron 8 mg tablet, 4

5968D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	8.68	9.85	<sup>a</sup> APO-Ondansetron [TX] <sup>a</sup> Ondansetron-DRLA [RZ] <sup>a</sup> Ondaz [SZ] <sup>a</sup> Zofran [AS]	<sup>a</sup> Ondansetron AN [EA] <sup>a</sup> Ondansetron SZ [HX] <sup>a</sup> Onsetron 8 [ZP]

#### ONDANSETRON

##### **Restricted benefit**

Nausea and vomiting

##### **Clinical criteria:**

The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

##### ondansetron 4 mg/2 mL injection, 1 x 2 mL ampoule

5971G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	.36	1.53	<sup>a</sup> Ondansetron Alphapharm [AF] <sup>a</sup> Ondansetron Kabi [PK]	<sup>a</sup> Ondansetron-Clarix [AE] <sup>a</sup> Onsetron [ZP]

##### ondansetron 8 mg/4 mL injection, 1 x 4 mL ampoule

5972H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	.57	1.74	<sup>a</sup> Ondansetron Alphapharm [AF] <sup>a</sup> Ondansetron Kabi [PK]	<sup>a</sup> Ondansetron-Clarix [AE] <sup>a</sup> Onsetron [ZP]

## ■ ONDANSETRON

**Note** Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 4 mg and pharmaceutical benefits that have the form ondansetron 4 mg wafer are equivalent for the purposes of substitution.

**Note** Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 8 mg and pharmaceutical benefits that have the form ondansetron 8 mg wafer are equivalent for the purposes of substitution.

### Restricted benefit

Nausea and vomiting

### **Clinical criteria:**

The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

### ONDANSETRON Tablet (orally disintegrating) 4 mg, 4

5857G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	5.54	6.71	<sup>a</sup> Ondansetron AN ODT [EA] <sup>a</sup> Ondansetron SZ ODT [HX]	<sup>a</sup> Ondansetron ODT-DRLA [RZ] <sup>a</sup> Onsetron ODT 4 [ED]

### ONDANSETRON Tablet (orally disintegrating) 8 mg, 4

5858H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	8.68	9.85	<sup>a</sup> Ondansetron AN ODT [EA] <sup>a</sup> Ondansetron SZ ODT [HX]	<sup>a</sup> Ondansetron ODT-DRLA [RZ] <sup>a</sup> Onsetron ODT 8 [ED]

### ondansetron 4 mg wafer, 4

5969E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	5.54	6.71	<sup>a</sup> Ondaz Zydis [SZ]	<sup>a</sup> Zofran Zydis [AS]

### ondansetron 8 mg wafer, 4

5970F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	8.68	9.85	<sup>a</sup> Ondaz Zydis [SZ]	<sup>a</sup> Zofran Zydis [AS]

## ■ PALONOSETRON

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** This drug is not PBS-subsidised for administration with oral 5-HT<sub>3</sub> antagonists.

### Restricted benefit

Nausea and vomiting

### **Clinical criteria:**

The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

### palonosetron 250 microgram/5 mL injection, 1 x 5 mL vial

5853C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	34.36	35.53	Aloxi [TS]

## ■ TROPISETRON

### Restricted benefit

Nausea and vomiting

### **Clinical criteria:**

The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

### tropisetron 5 mg/5 mL injection, 1 x 5 mL ampoule

5987D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	5.88	7.05	Tropisetron-AFT [AE]

### *Other antiemetics*

## ■ APREPITANT

**Note** Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

### Authority required (STREAMLINED)

4223

Nausea and vomiting

### **Clinical criteria:**

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 (5HT<sub>3</sub>) 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.

**Authority required (STREAMLINED)**

**4216**

Nausea and vomiting

**Clinical criteria:**

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.

**Authority required (STREAMLINED)**

**4217**

Nausea and vomiting

**Clinical criteria:**

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; carboplatin; 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; oxaliplatin; 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.

**aprepitant 165 mg capsule, 1**

2550F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	111.08	38.30	Emend [MK]

■ **ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS**

■ **IMMUNOSTIMULANTS**

**IMMUNOSTIMULANTS**

*Interferons*

■ **INTERFERON ALFA-2A**

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

**Authority required (STREAMLINED)**

**3899**

Myeloproliferative disease with excessive thrombocytosis

**interferon alfa-2a 4.5 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

5996N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5	4	..	*223.50	38.30	Roferon-A [RO]

**interferon alfa-2a 6 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

5997P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5	4	..	*297.90	38.30	Roferon-A [RO]

**interferon alfa-2a 9 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

5998Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5	4	..	*446.90	38.30	Roferon-A [RO]

■ **INTERFERON ALFA-2A**

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

**Authority required (STREAMLINED)**

**3895**

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

**interferon alfa-2a 3 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

5946Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	15	5	..	*447.00	38.30	Roferon-A [RO]

**interferon alfa-2a 4.5 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

5947B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5	5	..	*223.50	38.30	Roferon-A [RO]

**interferon alfa-2a 6 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

5948C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5	5	..	*297.90	38.30	Roferon-A [RO]

**interferon alfa-2a 9 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

5949D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5	5	..	*446.90	38.30	Roferon-A [RO]

▪ **INTERFERON ALFA-2A**

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

**Authority required (STREAMLINED)**

**3180**

Hairy cell leukaemia

**Authority required (STREAMLINED)**

**3899**

Myeloproliferative disease with excessive thrombocytosis

**interferon alfa-2a 3 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

5945X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	15	4	..	*447.00	38.30	Roferon-A [RO]

▪ **INTERFERON ALFA-2B**

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

**Authority required (STREAMLINED)**

**3180**

Hairy cell leukaemia

**interferon alfa-2b 18 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

5893E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3	4	..	*536.22	38.30	Intron A Redipen [MK]

▪ **INTERFERON ALFA-2B**

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

**Authority required (STREAMLINED)**

**3898**

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

**Authority required (STREAMLINED)**

**3895**

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

**interferon alfa-2b 18 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

5953H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3	5	..	*536.22	38.30	Intron A Redipen [MK]

**interferon alfa-2b 30 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

5956L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3	5	..	*893.70	38.30	Intron A Redipen [MK]

*Other immunostimulants*

▪ **BACILLUS CALMETTE AND GUERIN-CONNAUGHT STRAIN**

**Restricted benefit**

Carcinoma in situ of the urinary bladder

## VARIOUS

### Bacillus Calmette and Guerin-Connaught strain 660 million colony forming units injection [1 x 81 mg vial] (& inert substance diluent [1 x 3 mL vial], 1 pack

5901N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3	1	..	*405.00	38.30	ImmuCyst [SW]

### ▪ BACILLUS CALMETTE AND GUERIN-TICE STRAIN

#### Restricted benefit

Primary and relapsing superficial urothelial carcinoma of the bladder

### Bacillus Calmette and Guerin-Tice strain 500 million colony forming units injection, 3 x 500 million colony forming units vials

5902P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	491.83	38.30	OncoTICE [MK]

### ▪ VARIOUS

### ▪ ALL OTHER THERAPEUTIC PRODUCTS

#### ALL OTHER THERAPEUTIC PRODUCTS

*Detoxifying agents for antineoplastic treatment*

### ▪ FOLINIC ACID

#### folinic acid 1 g/100 mL injection, 1 x 100 mL vial

5863N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	40.47	38.30	Calcium Folate Ebewe [SZ]

#### folinic acid 300 mg/30 mL injection, 1 x 30 mL vial

5870Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	4	1	..	*47.36	38.30	<sup>a</sup> Calcium Folate Ebewe [SZ]	<sup>a</sup> Leucovorin Calcium (Hospira Pty Limited) [HH]

### ▪ FOLINIC ACID

**Note** For item codes 5890B and 1899Y, pharmaceutical benefits that have the form injection equivalent to 50 mg folinic acid in 5 mL are equivalent for the purposes of substitution.

#### folinic acid 50 mg/5 mL injection, 1 x 5 mL vial

5890B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	10	2	..	*43.80	38.30	<sup>a</sup> Leucovorin Calcium (Hospira Pty Limited) [HH]

#### folinic acid 50 mg/5 mL injection, 10 x 5 mL ampoules

1899Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	43.80	38.30	<sup>a</sup> Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

### ▪ FOLINIC ACID

**Note** For item codes 5886T and 1904F, pharmaceutical benefits that have the form injection equivalent to 100 mg folinic acid in 10 mL are equivalent for the purposes of substitution.

#### folinic acid 100 mg/10 mL injection, 1 x 10 mL vial

5886T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	10	1	..	*43.80	38.30	<sup>a</sup> Calcium Folate Ebewe [SZ]

#### folinic acid 100 mg/10 mL injection, 10 x 10 mL ampoules

1904F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	43.80	38.30	<sup>a</sup> Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

### ▪ FOLINIC ACID

#### Restricted benefit

Antidote to folic acid antagonists

#### folinic acid 15 mg tablet, 10

5904R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	76.00	38.30	Leucovorin Calcium (Hospira Pty Limited) [HH]

▪ **MESNA**

**Restricted benefit**

Urothelial toxicity

Treatment Phase: Prophylaxis or reduction of toxicity

**Clinical criteria:**

The treatment must be adjunctive therapy to ifosfamide or high dose cyclophosphamide.

**mesna 1 g/10 mL injection, 15 x 10 mL ampoules**

5961R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	185.44	38.30	Uromitexan [BX]

**mesna 400 mg/4 mL injection, 15 x 4 mL ampoules**

5960Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	81.89	38.30	Uromitexan [BX]

# Index of Manufacturers' Code

<b>Code</b>	<b>Manufacturer</b>
<b>AE</b>	AFT Pharmaceuticals Pty Ltd
<b>AF</b>	Alphapharm Pty Ltd
<b>AN</b>	Amgen Australia Pty Limited
<b>AS</b>	Aspen Pharmacare Australia Pty Limited
<b>BQ</b>	Bristol-Myers Squibb Australia Pty Ltd
<b>BX</b>	Baxter Healthcare Pty Limited
<b>EA</b>	Amneal Pharmaceuticals Pty Ltd
<b>ED</b>	Amneal Pharmaceuticals Pty Ltd
<b>EF</b>	Amneal Pharmaceuticals Pty Ltd
<b>EI</b>	Eisai Australia Pty Ltd
<b>FB</b>	Pierre Fabre Medicament Australia Pty Ltd
<b>GN</b>	Actavis Pty Ltd
<b>GZ</b>	sanofi-aventis Australia Pty Ltd
<b>HH</b>	Hospira Pty Limited
<b>HX</b>	Sandoz Pty Ltd
<b>JC</b>	Janssen-Cilag Pty Ltd
<b>LY</b>	Eli Lilly Australia Pty Ltd
<b>MK</b>	Merck Sharp & Dohme (Australia) Pty Ltd
<b>NV</b>	Novartis Pharmaceuticals Australia Pty Limited
<b>OA</b>	Orphan Australia Pty Ltd
<b>OE</b>	Omegapharm Pty Ltd
<b>PF</b>	Pfizer Australia Pty Ltd
<b>PK</b>	Fresenius Kabi Australia Pty Limited
<b>PL</b>	The Trustee for Virgo Unit Trust (trading as Phebra)
<b>RO</b>	Roche Products Pty Ltd
<b>RZ</b>	Dr Reddy's Laboratories (Australia) Pty Ltd
<b>SE</b>	Servier Laboratories (Aust.) Pty Ltd
<b>SG</b>	Merck Serono Australia Pty Ltd
<b>SW</b>	sanofi-aventis Australia Pty Ltd
<b>SZ</b>	Sandoz Pty Ltd
<b>TK</b>	Takeda Pharmaceuticals Australia Pty Ltd
<b>TS</b>	Specialised Therapeutics Australia Pty Ltd
<b>TX</b>	Apotex Pty Ltd
<b>YN</b>	Mayne Pharma International Pty Ltd
<b>ZF</b>	Sun Pharmaceutical Industries (Australia) Pty Ltd
<b>ZP</b>	Medis Pharma Pty Ltd

# Generic/Proprietary Index

<i>Abraxane</i> [TS] (paclitaxel nanoparticle albumin bound 100 mg injection, 1 x 100 mg vial).....	16, 56
<i>Accord Doxorubicin</i> [EA] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial).....	16, 56
<i>Adcetris</i> [TK] (brentuximab vedotin 50mg injection, 1 x 50 mg vial).....	21, 61
<i>Alimta</i> [LY] (pemetrexed 100 mg injection, 1 x 100 mg vial).....	12, 52
<i>Alimta</i> [LY] (pemetrexed 500 mg injection, 1 x 500 mg vial).....	12, 52
<i>Aloxi</i> (TS).....	91
<i>Anzatax</i> [HH] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial).....	15, 55
<i>Anzatax</i> [HH] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial).....	15, 55
<i>Anzatax</i> [HH] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial).....	15, 55
<i>Anzatax</i> [HH] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial).....	15, 55
<i>APO-Ondansetron</i> (TX).....	90
<i>APREPITANT</i> .....	91
<i>ARSENIC</i> .....	39, 79
<i>Arzerra</i> [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial).....	26, 66
<i>Arzerra</i> [NV] (ofatumumab 100 mg/5 mL injection, 3 x 5 mL vials).....	26, 66
<i>Avastin</i> [RO] (bevacizumab 100 mg/4 mL injection, 1 x 4 mL vial).....	19, 20, 59, 60
<i>Avastin</i> [RO] (bevacizumab 400 mg/16 mL injection, 1 x 16 mL vial).....	19, 20, 21, 59, 60, 61
<i>BACILLUS CALMETTE AND GUERIN-CONNAUGHT STRAIN</i> .....	93
<i>BACILLUS CALMETTE AND GUERIN-TICE STRAIN</i> ....	94
<i>BEVACIZUMAB</i> .....	19, 20, 59, 60
<i>Bleo 15K</i> [EA] (bleomycin sulfate 15 000 international units injection, 1 x 15 000 international units vial).....	18, 58
<i>BLEOMYCIN SULFATE</i> .....	18, 58
<i>BORTEZOMIB</i> 39, 40, 41, 42, 44, 46, 79, 80, 81, 82, 84, 86	
<i>BRENTUXIMAB VEDOTIN</i> .....	21, 61
<i>CABAZITAXEL</i> .....	15, 55
<i>Caelyx</i> [JC] (doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial).....	17, 57
<i>Caelyx</i> [JC] (doxorubicin hydrochloride-pegylated liposomal 50 mg/25 mL injection, 1 x 25 mL vial).....	17, 57
<i>Calcium Folate Ebewe</i> (SZ).....	94
<i>Carbaccord</i> [EA] (carboplatin 150 mg/15 mL injection, 1 x 15 mL vial).....	18, 58
<i>Carbaccord</i> [EA] (carboplatin 50 mg/5 mL injection, 1 x 5 mL vial).....	18, 58
<i>CARBOPLATIN</i> .....	18, 58
<i>Carboplatin Kabi</i> [PK] (carboplatin 450 mg/45 mL injection, 1 x 45 mL vial).....	18, 58
<i>CETUXIMAB</i> .....	21, 22, 23, 61, 62, 63
<i>CISPLATIN</i> .....	18, 58
<i>Cisplatin Ebewe</i> [SZ] (cisplatin 100 mg/100 mL injection, 1 x 100 mL vial).....	18, 58
<i>CLADRIBINE</i> .....	12, 52
<i>CYCLOPHOSPHAMIDE</i> .....	11, 51
<i>CYTARABINE</i> .....	13, 53
<i>DBL Docetaxel Concentrated Injection</i> [HH] (docetaxel 160 mg/16 mL injection, 1 x 16 mL vial).....	15, 55
<i>DBL Docetaxel Concentrated Injection</i> [HH] (docetaxel 20 mg/2 mL injection, 1 x 2 mL vial).....	15, 55
<i>DBL Docetaxel Concentrated Injection</i> [HH] (docetaxel 80 mg/8 mL injection, 1 x 8 mL vial).....	15, 55
<i>DBL Epirubicin Hydrochloride Injection</i> [HH] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial).....	17, 57
<i>DBL Fluorouracil Injection BP</i> [HH] (fluorouracil 1 g/20 mL injection, 5 x 20 mL vials).....	13, 53
<i>DBL Fluorouracil Injection BP</i> [HH] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial).....	13, 53
<i>DBL Gemcitabine for Injection</i> [HH] (gemcitabine 1 g injection, 1 x 1 g vial).....	14, 54
<i>DBL Gemcitabine for Injection</i> [HH] (gemcitabine 2 g injection, 1 x 2 g vial).....	14, 54
<i>DBL Gemcitabine for Injection</i> [HH] (gemcitabine 200 mg injection, 1 x 200 mg vial).....	14, 54
<i>DBL Gemcitabine Injection</i> [HH] (gemcitabine 1 g/26.3 mL injection, 1 x 26.3 mL vial).....	14, 54
<i>DBL Gemcitabine Injection</i> [HH] (gemcitabine 2 g/52.6 mL injection, 1 x 52.6 mL vial).....	14, 54
<i>DBL Gemcitabine Injection</i> [HH] (gemcitabine 200 mg/5.3 mL injection, 1 x 5.3 mL vial).....	14, 54
<i>DBL Oxaliplatin Concentrate</i> [HH] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial).....	19, 59
<i>DBL Oxaliplatin Concentrate</i> [HH] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial).....	19, 59
<i>DOCETAXEL</i> .....	15, 55
<i>Docetaxel Sandoz</i> [SZ] (docetaxel 80 mg/8 mL injection, 1 x 8 mL vial).....	15, 55
<i>DOXORUBICIN</i> .....	16, 56
<i>Doxorubicin Ebewe</i> [SZ] (doxorubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial).....	17, 56
<i>DOXORUBICIN HYDROCHLORIDE-PEGYLATED LIPOSOMAL</i> .....	17, 57
<i>Doxorubicin MYX</i> [YN] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial).....	17, 57
<i>Doxorubicin SZ</i> [HX] (doxorubicin hydrochloride 10 mg/5 mL injection, 1 x 5 mL vial).....	17, 57
<i>Doxorubicin SZ</i> [HX] (doxorubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial).....	17, 57
<i>Eloxatin</i> [SW] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial).....	19, 59
<i>Eloxatin</i> [SW] (oxaliplatin 200 mg/40 mL injection, 1 x 40 mL vial).....	19, 59
<i>Eloxatin</i> [SW] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial).....	19, 59

Emend(MK).....	92	GRANISETRON .....	90
Endoxan[BX] (cyclophosphamide 1 g injection, 1 x 1 g vial) .....	11, 51	GRANISETRON APOTEX (TX).....	90
Endoxan[BX] (cyclophosphamide 2 g injection, 1 x 2 g vial) .....	11, 51	Granisetron Kabi(PK) .....	90
Endoxan[BX] (cyclophosphamide 500 mg injection, 1 x 500 mg vial).....	11, 51	Granisetron-AFT(AE).....	90
EPIRUBICIN .....	17, 57	Halaven[EI] (eribulin mesilate 1 mg/2 mL injection, 1 x 2 mL vial) .....	47, 87
Epirubicin ACT[EA] (epirubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial).....	17, 57	Herceptin[RO] (trastuzumab 150 mg injection, 1 x 150 mg vial) .....	33, 34, 35, 36, 37, 38, 73, 74, 75, 76, 77, 78
Epirubicin ACT[EA] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial).....	17, 57	Herceptin[RO] (trastuzumab 60 mg injection, 1 x 60 mg vial) .....	33, 34, 35, 36, 37, 38, 73, 74, 75, 76, 77, 78
Epirubicin ACT[EA] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial).....	17, 57	Holoxan[BX] (ifosfamide 1 g injection, 1 x 1 g vial).....	11, 51
Epirubicin Kabi[PK] (epirubicin hydrochloride 200 mg/100 mL injection, 1 x 100 mL vial).....	17, 57	Holoxan[BX] (ifosfamide 2 g injection, 1 x 2 g vial).....	11, 51
Epirubicin SZ[HX] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial).....	17, 57	Hospira Pty Limited[HH] (bleomycin sulfate 15 000 international units injection, 1 x 15 000 international units vial) .....	18
Erbix[SG] (cetuximab 100 mg/20 mL injection, 1 x 20 mL vial) .....	22, 23, 62, 63	.Chemotherapy items for Private Hospital use .....	18
Erbix[SG] (cetuximab 500 mg/100 mL injection, 1 x 100 mL vial).....	22, 23, 62, 63	.Chemotherapy items for Public Hospital use .....	58
ERIBULIN .....	47, 87	Hospira Pty Limited[HH] (carboplatin 150 mg/15 mL injection, 1 x 15 mL vial) .....	18
Etopophos[BQ] (etoposide 1 g injection, 1 x 1 g vial) .....	15, 55	.Chemotherapy items for Private Hospital use .....	18
Etopophos[BQ] (etoposide 100 mg injection, 1 x 100 mg vial) .....	15, 55	.Chemotherapy items for Public Hospital use .....	58
ETOPOSIDE.....	15, 55	Hospira Pty Limited[HH] (carboplatin 450 mg/45 mL injection, 1 x 45 mL vial) .....	18
Etoposide Ebewe[SZ] (etoposide 100 mg/5 mL injection, 5 x 5 mL vials).....	15, 55	.Chemotherapy items for Private Hospital use .....	18
Fludara[GZ] (fludarabine phosphate 50 mg injection, 5 x 50 mg vials).....	13, 53	.Chemotherapy items for Public Hospital use .....	58
FLUDARABINE.....	12, 52	Hospira Pty Limited[HH] (cisplatin 100 mg/100 mL injection, 1 x 100 mL vial) .....	18
Fludarabine Ebewe[SZ] (fludarabine phosphate 50 mg/2 mL injection, 5 x 2 mL vials).....	13, 53	.Chemotherapy items for Private Hospital use .....	18
FLUOROURACIL.....	13, 53	.Chemotherapy items for Public Hospital use .....	58
Fluorouracil Ebewe[SZ] (fluorouracil 1 g/20 mL injection, 1 x 20 mL vial).....	13, 53	Hospira Pty Limited[HH] (cisplatin 50 mg/50 mL injection, 1 x 50 mL vial) .....	18
Fluorouracil Ebewe[SZ] (fluorouracil 2.5 g/50 mL injection, 1 x 50 mL vial).....	13, 53	.Chemotherapy items for Private Hospital use .....	18
Fluorouracil Ebewe[SZ] (fluorouracil 5 g/100 mL injection, 1 x 100 mL vial).....	13, 53	.Chemotherapy items for Public Hospital use .....	58
FOLINIC ACID .....	94	Hospira Pty Limited[HH] (doxorubicin hydrochloride 10 mg/5 mL injection, 1 x 5 mL vial) .....	17
FOTEMUSTINE .....	11, 51	.Chemotherapy items for Private Hospital use .....	17
Gazyva[RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial) .....	25, 65	.Chemotherapy items for Public Hospital use .....	57
Gemaccord[EA] (gemcitabine 1 g injection, 1 x 1 g vial). 14, 54		Hospira Pty Limited[HH] (doxorubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial) .....	17
Gemaccord[EA] (gemcitabine 200 mg injection, 1 x 200 mg vial) .....	14, 54	.Chemotherapy items for Private Hospital use .....	17
GEMCITABINE .....	13, 53	.Chemotherapy items for Public Hospital use .....	57
Gemcitabine Actavis 2000[EA] (gemcitabine 2 g injection, 1 x 2 g vial).....	14, 54	Hospira Pty Limited[HH] (epirubicin hydrochloride 100 mg/50 mL injection, 1 x 50 mL vial) .....	17
Gemcitabine Actavis[GN] (gemcitabine 1 g injection, 1 x 1 g vial).....	14, 54	.Chemotherapy items for Private Hospital use .....	17
Gemcitabine Ebewe[SZ] (gemcitabine 1 g injection, 1 x 1 g vial) .....	14, 54	.Chemotherapy items for Public Hospital use .....	57
Gemcitabine Ebewe[SZ] (gemcitabine 1 g/100 mL injection, 1 x 100 mL vial).....	14, 54	Hospira Pty Limited[HH] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial) .....	17
Gemcitabine Ebewe[SZ] (gemcitabine 200 mg injection, 1 x 200 mg vial).....	14, 54	.Chemotherapy items for Private Hospital use .....	17
Gemcitabine Ebewe[SZ] (gemcitabine 200 mg/20 mL injection, 1 x 20 mL vial).....	14, 54	.Chemotherapy items for Public Hospital use .....	57
Gemcitabine Ebewe[SZ] (gemcitabine 500 mg/50 mL injection, 1 x 50 mL vial).....	14, 54	Hospira Pty Limited[HH] (epirubicin hydrochloride 50 mg/25 mL injection, 1 x 25 mL vial) .....	17
Gemcitabine Kabi[PK] (gemcitabine 1 g injection, 1 x 1 g vial) .....	14, 54	.Chemotherapy items for Private Hospital use .....	17
Gemcitabine Sun[ZF] (gemcitabine 1 g injection, 1 x 1 g vial) .....	14, 54	.Chemotherapy items for Public Hospital use .....	57
Gemcitabine Sun[ZF] (gemcitabine 200 mg injection, 1 x 200 mg vial).....	14, 54	Hospira Pty Limited[HH] (florouracil 500 mg/10 mL injection, 5 x 10 mL vials) .....	13
		.Chemotherapy items for Private Hospital use .....	13
		.Chemotherapy items for Public Hospital use .....	53
		Hospira Pty Limited[HH] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) .....	47
		.Chemotherapy items for Private Hospital use .....	47
		.Chemotherapy items for Public Hospital use .....	87
		Hospira Pty Limited[HH] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) .....	47
		.Chemotherapy items for Private Hospital use .....	47
		.Chemotherapy items for Public Hospital use .....	87
		Hospira Pty Limited[HH] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) .....	11
		.Chemotherapy items for Private Hospital use .....	11
		.Chemotherapy items for Public Hospital use .....	51

<i>Hospira Pty Limited</i> [HH] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials)	
.Chemotherapy items for Private Hospital use .....	11
.Chemotherapy items for Public Hospital use.....	51
<i>Hospira Pty Limited</i> [HH] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials)	
.Chemotherapy items for Private Hospital use .....	11, 12
.Chemotherapy items for Public Hospital use.....	51, 52
<i>Hospira Pty Limited</i> [HH] (methotrexate 500 mg/20 mL injection, 1 x 20 mL vial)	
.Chemotherapy items for Private Hospital use .....	11, 12
.Chemotherapy items for Public Hospital use.....	51, 52
<i>Hospira Pty Limited</i> [HH] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial)	
.Chemotherapy items for Private Hospital use .....	18
.Chemotherapy items for Public Hospital use.....	58
<i>Hospira Pty Limited</i> [HH] (vinblastine sulfate 10 mg/10 mL injection, 5 x 10 mL vials)	
.Chemotherapy items for Private Hospital use .....	14
.Chemotherapy items for Public Hospital use.....	54
<i>Hospira Pty Limited</i> [HH] (vincristine sulfate 1 mg/mL injection, 5 x 1 mL vials)	
.Chemotherapy items for Private Hospital use .....	14
.Chemotherapy items for Public Hospital use.....	54
<i>Hospira Pty Limited</i> [HH] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial)	
.Chemotherapy items for Private Hospital use .....	14
.Chemotherapy items for Public Hospital use.....	54
<i>Hospira Pty Limited</i> [HH] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial)	
.Chemotherapy items for Private Hospital use .....	14
.Chemotherapy items for Public Hospital use.....	54
<i>Hycamtin</i> [NV] (topotecan 4 mg injection, 5 x 4 mg vials)	48, 88
IDARUBICIN .....	17, 57
<i>Idarubicin Ebewe</i> [SZ] (idarubicin hydrochloride 10 mg/10 mL injection, 1 x 10 mL vial).....	17, 57
<i>Idarubicin Ebewe</i> [SZ] (idarubicin hydrochloride 5 mg/5 mL injection, 1 x 5 mL vial).....	18, 57
IFOSFAMIDE .....	11, 51
<i>ImmuCyst</i> (SW) .....	94
INTERFERON ALFA-2A.....	92, 93
INTERFERON ALFA-2B .....	93
<i>Intron A Redipen</i> (MK) .....	93
IPILIMUMAB .....	23, 24, 63, 64
<i>Irinocord</i> [EA] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial).....	47, 87
<i>Irinocord</i> [EA] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial).....	47, 87
IRINOTECAN.....	47, 87
<i>Irinotecan Actavis 500</i> [EA] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) .	47, 87
<i>Irinotecan Alphapharm</i> [AF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial) ....	47, 87
<i>Irinotecan Alphapharm</i> [AF] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial) .....	47, 87
<i>Irinotecan Alphapharm</i> [AF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) .	47, 87
<i>Irinotecan Ebewe</i> [SZ] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial).....	47, 87
<i>Irinotecan Ebewe</i> [SZ] (irinotecan hydrochloride trihydrate 300 mg/15 mL injection, 1 x 15 mL vial).....	47, 87
<i>Irinotecan Ebewe</i> [SZ] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial).....	47, 87
<i>Irinotecan Ebewe</i> [SZ] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial).....	47, 87
<i>Irinotecan Kabi</i> [PK] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial).....	47, 87
<i>Irinotecan MYX</i> [YN] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial).....	47, 87
<i>Jevtana</i> [SW] (CABAZITAXEL <i>Jevtana Concentrated injection 60 mg (as acetone solvate) in 1.5 mL, with diluent, 1) .....</i>	15, 55
<i>Kadcyla</i> [RO] (trastuzumab emtansine 100 mg injection, 1 x 100 mg vial) .....	39, 79
<i>Kadcyla</i> [RO] (trastuzumab emtansine 160 mg injection, 1 x 160 mg vial) .....	39, 79
<i>Keytruda</i> [MK] (pembrolizumab 50 mg injection, 1 vial)....	28, 29, 68, 69
<i>Kytril</i> (RO).....	90
<i>Kytril</i> (RO).....	90
<i>Leucovorin Calcium (Hospira Pty Limited) (HH) .....</i>	94
<i>Leucovorin Calcium (Hospira Pty Limited)(HH) .....</i>	94
<i>Leucovorin Calcium (Pfizer Australia Pty Ltd)(PF) .....</i>	94
<i>Leustatin</i> [JC] (cladribine 10 mg/10 mL injection, 1 x 10 mL vial) .....	12, 52
<i>Liposomal Doxorubicin SUN</i> [ZF] (doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial) .....	17, 57
<i>Liposomal Doxorubicin SUN</i> [ZF] (doxorubicin hydrochloride-pegylated liposomal 50 mg/25 mL injection, 1 x 25 mL vial) .....	17, 57
<i>Litak</i> [OA] (cladribine 10 mg/5 mL injection, 1 x 5 mL vial).....	12, 52
<i>Mabthera</i> [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)	
.Chemotherapy items for Private Hospital use .....	31, 32
.Chemotherapy items for Public Hospital use .....	71, 72
<i>Mabthera</i> [RO] (rituximab 500 mg/50 mL injection, 1 x 50 mL vial)	
.Chemotherapy items for Private Hospital use .....	31, 32
.Chemotherapy items for Public Hospital use .....	71, 72
MESNA.....	95
<i>Methaccord</i> [EA] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) .....	11, 12, 51, 52
<i>Methaccord</i> [EA] (METHOTREXATE Injection 50 mg in 2 mL, 1).....	11, 12, 51, 52
METHOTREXATE	
.Chemotherapy items for Private Hospital use .....	11
.Chemotherapy items for Public Hospital use .....	51
<i>Methotrexate Ebewe</i> [SZ] (methotrexate 5 g/50 mL injection, 1 x 50 mL vial) .....	11, 12, 51, 52
<i>Methotrexate MYX</i> [YN] (methotrexate 1 g/10 mL injection, 1 x 10 mL vial) .....	11, 12, 51, 52
<i>Methotrexate MYX</i> [YN] (METHOTREXATE Injection 50 mg in 2 mL, 1).....	11, 12, 51, 52
MITOZANTRONE .....	18, 58
<i>Mitozantrone Ebewe</i> [SZ] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial) .....	18, 58
<i>Muphoran</i> [SE] (fotemustine 208 mg injection [1 x 208 mg vial] (& inert substance diluent [1 x 4 mL ampoule], 1 pack).....	11, 51
<i>Navelbine</i> [FB] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial) .....	14, 54
<i>Navelbine</i> [FB] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial) .....	14, 54
OBINUTUZUMAB .....	25, 65
OFATUMUMAB .....	25, 26, 65, 66
<i>Omegapharm Irinotecan</i> [OE] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 1 x 5 mL vial).....	47, 87
<i>Omegapharm Irinotecan</i> [OE] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 1 x 2 mL vial).....	47, 87
<i>Oncotaxel 140</i> [EA] (docetaxel 140 mg/7 mL injection, 1 x 7 mL vial) .....	15, 55
<i>Oncotaxel 80</i> [EA] (docetaxel 80 mg/4 mL injection, 1 x 4 mL vial).....	15, 55
<i>OncoTICE</i> (MK).....	94
ONDANSETRON.....	90, 91
<i>Ondansetron Alphapharm</i> (AF) .....	90
<i>Ondansetron AN</i> (EA).....	90

Ondansetron AN ODT(EA) .....	91	Pemetrexed Sandoz[SZ] (pemetrexed 500 mg injection, 1 x 500 mg vial) .....	12, 52
Ondansetron Kabi(PK).....	90	Perjeta[RO] (pertuzumab 420 mg/14 mL injection, 1 x 14 mL vial) .....	29, 30, 69, 70
Ondansetron ODT-DRLA (RZ).....	91	PERTUZUMAB.....	29, 30, 69, 70
Ondansetron SZ (HX).....	90	Pfizer Australia Pty Ltd[PF] (cytarabine 100 mg/5 mL injection, 5 x 5 mL vials)	
Ondansetron SZ ODT(HX).....	91	.Chemotherapy items for Private Hospital use .....	13
Ondansetron-Clarix (AE).....	90	.Chemotherapy items for Public Hospital use .....	53
Ondansetron-DRLA(RZ) .....	90	Phenaxen[PL] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials) .....	39, 79
Ondaz Zydix(SZ).....	91	Plaxel[ED] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial) .....	16, 56
Ondaz(SZ).....	90	Plaxel[ED] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial) .....	16, 56
Onkotrone[BX] (mitozantrone 20 mg/10 mL injection, 1 x 10 mL vial).....	18, 58	Plaxel[ED] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial) .....	16, 56
Onkotrone[BX] (mitozantrone 25 mg/12.5 mL injection, 1 x 12.5 mL vial).....	18, 58	Plaxel[ED] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial) .....	16, 56
Onsetron (ZP).....	90	RALTITREXED.....	12, 52
Onsetron 4 (ZP).....	90	RITUXIMAB	
Onsetron 8 (ZP).....	90	.Chemotherapy items for Private Hospital use .....	30, 31
Onsetron ODT 4 (ED).....	91	.Chemotherapy items for Public Hospital use .....	70, 71
Onsetron ODT 8 (ED).....	91	Roferon-A(RO) .....	92, 93
Oxallicord[EA] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial).....	19, 59	Taxotere[SW] (docetaxel 20 mg/mL injection, 1 x 1 mL vial) .....	15, 55
OXALIPLATIN.....	18, 58	Taxotere[SW] (docetaxel 80 mg/4 mL injection, 1 x 4 mL vial) .....	15, 55
Oxaliplatin Kabi[PK] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial).....	19, 59	Tecan[ED] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 1 x 25 mL vial) .....	47, 87
Oxaliplatin MYX[YN] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial).....	19, 59	Tomudex[HH] (raltitrexed 2 mg injection, 1 x 2 mg vial) ..	12, 52
Oxaliplatin SUN[ZF] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial).....	19, 59	TOPOTECAN .....	47, 88
Oxaliplatin SUN[ZF] (oxaliplatin 200 mg/40 mL injection, 1 x 40 mL vial).....	19, 59	Topotecan Agila[AF] (topotecan 4 mg injection, 1 x 4 mg vial) .....	48, 88
Oxaliplatin SUN[ZF] (oxaliplatin 50 mg/10 mL injection, 1 x 10 mL vial).....	19, 59	Topotecan Kabi[PK] (topotecan 4 mg injection, 5 x 4 mg vials) .....	48, 88
Oxaliplatin SZ[HX] (oxaliplatin 100 mg/20 mL injection, 1 x 20 mL vial).....	19, 59	TRASTUZUMAB . 32, 33, 34, 35, 36, 37, 72, 73, 74, 75, 76, 77	
PACLITAXEL.....	15, 55	TRASTUZUMAB EMTANSINE.....	38, 78
Paclitaxel ACT[EF] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial).....	16, 56	TROPISETRON .....	91
Paclitaxel ACT[EF] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial).....	16, 55	Tropisetron-AFT(AE).....	91
Paclitaxel ACT[EF] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial).....	16, 56	Uromitexan(BX).....	95
Paclitaxel ACT[EF] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial).....	16, 56	Vectibix[AN] (panitumumab 100 mg/5 mL injection, 1 x 5 mL vial) .....	27, 67
Paclitaxel Actavis[EA] (paclitaxel 100 mg/16.7 mL injection, 1 x 16.7 mL vial).....	16, 56	Vectibix[AN] (panitumumab 400 mg/20 mL injection, 1 x 20 mL vial) .....	27, 67
Paclitaxel Actavis[EA] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial).....	16, 56	Velcade[JC] (bortezomib 1 mg injection, 1 x 1 mg vial) ...	41, 42, 47, 81, 82, 87
Paclitaxel Actavis[EA] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial).....	16, 56	Velcade[JC] (bortezomib 3.5 mg injection, 1 x 3.5 mg vial) .....	40, 41, 44, 46, 80, 81, 84, 86
Paclitaxel Actavis[EA] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial).....	16, 56	VINBLASTINE .....	14, 54
Paclitaxel Ebewe[SZ] (paclitaxel 150 mg/25 mL injection, 1 x 25 mL vial).....	16, 56	VINCRISTINE.....	14, 54
Paclitaxel Ebewe[SZ] (paclitaxel 30 mg/5 mL injection, 5 x 5 mL vials).....	16, 56	VINORELBINE .....	14, 54
Paclitaxel Ebewe[SZ] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial).....	16, 56	Vinorelbine Ebewe[SZ] (vinorelbine 10 mg/mL injection, 1 x 1 mL vial) .....	15, 54
Paclitaxel Kabi[PK] (paclitaxel 30 mg/5 mL injection, 1 x 5 mL vial).....	16, 56	Vinorelbine Ebewe[SZ] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial) .....	15, 55
Paclitaxel Kabi[PK] (paclitaxel 300 mg/50 mL injection, 1 x 50 mL vial).....	16, 56	Vinorelbine Kabi[PK] (vinorelbine 50 mg/5 mL injection, 1 x 5 mL vial) .....	15, 55
PACLITAXEL NANOPARTICLE ALBUMIN BOUND .	16, 56	Yervoy[BQ] (ipilimumab 200 mg/40 mL injection, 1 x 40 mL vial) .....	24, 25, 64, 65
PALONOSETRON.....	91	Yervoy[BQ] (ipilimumab 50 mg/10 mL injection, 1 x 10 mL vial) .....	24, 25, 64, 65
PANITUMUMAB .....	26, 27, 66, 67	Zavedos Solution[PF] (IDARUBICIN HYDROCHLORIDE Solution for I.V. injection 10 mg in 10 mL, 6) .....	18, 58
PEMBROLIZUMAB.....	27, 28, 67, 68	Zavedos Solution[PF] (IDARUBICIN HYDROCHLORIDE Solution for I.V. injection 5 mg in 5 mL, 3) .....	18, 58
PEMETREXED .....	12, 52	Zofran syrup 50 mL(AS) .....	90
Pemetrexed MYX[YN] (pemetrexed 100 mg injection, 1 x 100 mg vial).....	12, 52	Zofran Zydix (AS) .....	91
Pemetrexed MYX[YN] (pemetrexed 500 mg injection, 1 x 500 mg vial).....	12, 52		

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Zofran(AS) ..... 90