

SCHEDULE OF PHARMACEUTICAL BENEFITS EFFECTIVE 1 JANUARY 2016 – ERRATA

1. This Erratum corrects the entry for **TICARCILLIN + CLAVULANIC ACID** in the 1 January 2016 Schedule.

The following Note should **not** appear in the Schedule entry for PBS item 10125X.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2. This Erratum corrects the entry for **TRANLYCYPROMINE** in the 1 January 2016 Schedule. The following should be a Caution in the Schedule entry for PBS item 2444P instead of a Note.

Caution This drug is an irreversible monoamine oxidase inhibitor.

3. This Erratum corrects the entry for **WARFARIN** in the 1 January 2016 Schedule. The following should be a Caution in the Schedule entry for PBS items 2843P, 2209G, 2844Q and 2211J instead of a Note.

Caution The listed brands have NOT been shown to be bioequivalent and should not be interchanged.

4. This Erratum corrects the entry for **TERBINAFINE** in the 1 January 2016 Schedule. In the Schedule entry for PBS item 9160D the brand *Lamisil* is not equivalent for the purpose of substitution and the 'a' flag is irrelevant.

5. This Erratum corrects the entry for **Eculizumab** in the 1 January 2016 Schedule.

10182X	Private	eculizumab 300 mg/30 mL injection, 1 x 30 mL vial	Max Qty 1	Repeats 0
10191J	Public	eculizumab 300 mg/30 mL injection, 1 x 30 mL vial	Max Qty 1	Repeats 0

Authority Required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have active and progressing thrombotic microangiopathy (TMA), **AND**
- Patient must have ADAMTS-13 activity of greater than or equal to 10% on a blood sample taken prior to plasma exchange or infusion; or, if ADAMTS-13 activity was not collected prior to plasma exchange or infusion, patient must have platelet counts of greater than $30 \times 10^9/L$ and a serum creatinine of greater than 150 mol/L, **AND**
- Patient must have a confirmed negative STEC (Shiga toxin-producing E.Coli) result if the patient has had diarrhoea in the preceding 14 days, **AND**
- Patient must have clinical features of active organ damage or impairment, **AND**
- Patient must not receive more than 4 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

Evidence of active and progressing TMA is defined by the following:

(1) a platelet count of less than $150 \times 10^9/L$; and evidence of two of the following:

(i) presence of schistocytes on blood film;

(ii) low or absent haptoglobin;

(iii) lactate dehydrogenase (LDH) above normal range; OR

(2) tissue biopsy confirming TMA in patients who don't have evidence of platelet consumption and haemolysis; AND

(3) evidence of at least one of the following clinical features of active TMA-related organ damage or impairment is defined as below:

(a) kidney impairment as demonstrated by one of the following:

(i) a decline in estimated Glomerular Filtration Rate (eGFR) of greater than 20% in a patient who has pre-existing kidney impairment; and/or

(ii) a serum creatinine (sCr) of greater than the upper limit of normal (ULN) in a patient who has no history of pre-existing kidney impairment; or

(iii) a sCr of greater than the age-appropriate ULN in paediatric patients; or

(iv) a renal biopsy

(b) onset of TMA-related neurological impairment;

(c) onset of TMA-related cardiac impairment;

(d) onset of TMA-related gastrointestinal impairment;

(e) onset of TMA-related pulmonary impairment

Serial haematological results (every 3 months while the patient is receiving treatment) must be provided with every subsequent application for treatment.

The authority application must be in writing and must include:

(1) A completed authority prescription form; and

(2) A completed aHUS eculizumab Authority Application Supporting Information Form- Initial PBS-subsidised eculizumab treatment; and

(3) A signed patient acknowledgement or an acknowledgement signed by a parent or authorised guardian, if applicable; and

(4) A copy of a current Certificate of vaccination; and

(5) A measurement of body weight at the time of application; and

(6) The result of ADAMTS-13 activity on a blood sample taken prior to plasma exchange or infusion; the date and time that the sample for the ADAMTS-13 assay was collected, and the dates and times of any plasma exchanges or infusions that were undertaken in the two weeks prior to collection of the ADAMTS-13 assay; and

(7) In the case that a sample for ADAMTS-13 assay was not collected prior to plasma exchange or infusion, measurement of ADAMTS-13 activity must be taken 1-2 weeks following the last plasma exchange or infusion. The ADAMTS-13 result must be submitted to the Department of Human Services within 27 days of commencement of eculizumab treatment in order for the patient to be considered as eligible for further PBS-subsidised eculizumab treatment, under *Initial treatment 1-balance of supply*; and

(8) A confirmed negative STEC result if the patient has had diarrhoea in the preceding 14 days; and

(9) Evidence of active and progressing TMA, including pathology results where relevant. Evidence of the onset of TMA-related neurological, cardiac, gastrointestinal or pulmonary impairment requires a supporting statement with clinical evidence in patient records. All tests must have been performed within one month of application; and

(10) For all patients, a recent measurement of eGFR, platelets and two of either LDH, haptoglobin or schistocytes of no more than 1 week old at the time of application.

Note At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment, according to the specified dosage in the approved Product Information (PI)

Applications for treatment with eculizumab where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

Note WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis)

> Vaccinate patients with a meningococcal vaccine at least 2 weeks prior to receiving the first dose of eculizumab; revaccinate according to current medical guidelines for vaccine use

> Patients less than 2 years of age and those who are treated with eculizumab less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Monitor patients for early signs of meningococcal infections, evaluate immediately if infection is suspected, and treat with antibiotics if necessary.

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

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

10190H	Public	eculizumab 300 mg/30 mL injection, 1 x 30 mL vial	Max Qty 1	Repeats 4
10192K	Public	eculizumab 300 mg/30 mL injection, 1 x 30 mL vial	Max Qty 1	Repeats 4

Authority Required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Initial treatment Balance of Supply

Clinical criteria:

- Patient must have received PBS-subsidised initial supply of eculizumab for this condition, **AND**
- Patient must have ADAMTS-13 activity of greater than or equal to 10% on a blood sample, **AND**
- Patient must not receive more than 20 weeks supply under this restriction.

Treatment criteria:

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

ADAMTS-13 activity result must have been submitted to the Department of Human Services. In the case that a sample for ADAMTS-13 activity taken prior to plasma exchange or infusion was not available at the time of application for *Initial Treatment 1 New Patient*, ADAMTS-13 activity must have been measured 1-2 weeks following the last plasma exchange or infusion, and must have been submitted to the Department of Human Services within 27 days of commencement of eculizumab. The date and time that the sample for the ADAMTS-13 assay was collected, and the dates and times of the last, if any, plasma exchange or infusion that was undertaken in the two weeks prior to collection of the ADAMTS-13 assay must also have been provided to Department of Human Services.

Serial haematological results (every 3 months while the patient is receiving treatment) must be provided with every subsequent application for treatment.

Note At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 4 repeats, according to the specified dosage in the approved Product Information (PI).

Applications for treatment with eculizumab where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

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

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

10521R	Private	eculizumab 300 mg/30 mL injection, 1 x 30 mL vial	Max Qty 1	Repeats 6
10525Y	Public	eculizumab 300 mg/30 mL injection, 1 x 30 mL vial	Max Qty 1	Repeats 6

Authority Required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Extended Initial treatment – Assessment phase

Clinical criteria:

- Patient must have received treatment under the initial restriction with PBS subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated on-going treatment response of PBS-subsidised eculizumab treatment for this condition, **AND**

- Patient must not have experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must not receive more than 56 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

(1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; **AND**

(2) One of the following:

- a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
- b) an eGFR within +/- 25% from baseline; or
- c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure .

A treatment failure is defined as a patient who is:

(1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or

(2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

A maximum of up to 56 weeks of treatment is allowed under this restriction, however an application must be submitted at 6 months, 12 months, 18 months and 24 months following commencing PBS-subsidised eculizumab.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Extended Initial treatment; and
- (3) A copy of a current Certificate of vaccination; and
- (4) A measurement of body weight at the time of application; and
- (5) An identified genetic mutation, if applicable; and
- (6) A family history of aHUS, if applicable; and
- (7) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and
- (8) A history of kidney transplant, if applicable, (especially if required due to aHUS); and
- (9) An inclusion of the individual consequences of recurrent disease, if applicable; and
- (10) Evidence that the patient has had a treatment response including haematological results of no more than 1 week old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 week old at the time of application ; and
- (11) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (12) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

Note At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 6 repeats, according to the specified dosage in the approved Product Information (PI).
For patients who have received continuing treatment with PBS subsidised eculizumab prior to 1 January 2016, this restriction is limited to 28 weeks of therapy.

Applications for treatment with eculizumab where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

- Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis)
- > Vaccinate patients with a meningococcal vaccine at least 2 weeks prior to receiving the first dose of eculizumab; revaccinate according to current medical guidelines for vaccine use
 - > Patients less than 2 years of age and those who are treated with eculizumab less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Monitor patients for early signs of meningococcal infections, evaluate immediately if infection is suspected, and treat with antibiotics if necessary.

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

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

10183Y	Public	eculizumab 300 mg/30 mL injection, 1 x 30 mL vial	Max Qty 1	Repeats 5
10194M	Private	eculizumab 300 mg/30 mL injection, 1 x 30 mL vial	Max Qty 1	Repeats 5

Authority Required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received treatment under Extended Initial restriction with PBS subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated on-going treatment response of PBS-subsidised eculizumab treatment for this condition, **AND**
- Patient must not have experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

(1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; **AND**

(2) One of the following:

a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or

b) an eGFR within +/- 25% from baseline; or

c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure .

A treatment failure is defined as a patient who is:

(1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or

(2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and

- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Continuing treatment; and
- (3) A copy of a current Certificate of vaccination; and
- (4) A measurement of body weight at the time of application; and
- (5) An identified genetic mutation, if applicable; and
- (6) A family history of aHUS, if applicable; and
- (7) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and
- (8) A history of kidney transplant, if applicable, (especially if required due to aHUS); and
- (9) An inclusion of the individual consequences of recurrent disease, if applicable; and
- (10) Evidence that the patient has had a treatment response including haematological results of no more than 1 week old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 week old at the time of application; and
- (11) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (12) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

Note At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 5 repeats, according to the specified dosage in the approved Product Information (PI).

Applications for treatment with eculizumab where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

Note WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis)

- > Vaccinate patients with a meningococcal vaccine at least 2 weeks prior to receiving the first dose of eculizumab; revaccinate according to current medical guidelines for vaccine use
- > Patients less than 2 years of age and those who are treated with eculizumab less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Monitor patients for early signs of meningococcal infections, evaluate immediately if infection is suspected, and treat with antibiotics if necessary.

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

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

Authority Required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Extended Continuing treatment

Clinical criteria:

- Patient must have received treatment under the Continuing treatment with PBS-subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated on-going treatment response with PBS-subsidised eculizumab for this condition, **AND**
- Patient must not have ever experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must have a TMA-related cardiomyopathy as evidenced by left ventricular ejection fraction < 40%;
OR
- Patient must have severe TMA-related neurological impairment; OR
- Patient must have severe TMA-related gastrointestinal impairment; OR
- Patient must have severe TMA-related pulmonary impairment; OR
- Patient must have grade 4 or 5 chronic kidney disease (eGFR of less than 30 ml/min), **AND**

- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

(1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; AND

(2) One of the following:

a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or

b) an eGFR within +/- 25% from baseline; or

c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure . A treatment failure is defined as a patient who is:

(1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or

(2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

(1) A completed authority prescription form; and

(2) A completed aHUS eculizumab Authority Application Supporting Information Form for Continuing treatment; and

(3) A copy of a current Certificate of vaccination; and

(4) A measurement of body weight at the time of application; and

(5) An identified genetic mutation, if applicable; and

(6) A family history of aHUS, if applicable; and

(7) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and

(8) A history of kidney transplant, if applicable, (especially if required due to aHUS); and

(9) An inclusion of the individual consequences of recurrent disease, if applicable; and

(10) A supporting statement with clinical evidence of severe TMA-related cardiomyopathy (including current LVEF result), neurological impairment, gastrointestinal impairment or pulmonary impairment; and

(11) Evidence that the patient has had a treatment response including haematological results of no more than 1 month old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 month old at the time of application; and

(12) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and

(13) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

Note At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 5 repeats, according to the specified dosage in the approved Product Information (PI).

Applications for treatment with eculizumab where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

Note WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis)
> Vaccinate patients with a meningococcal vaccine at least 2 weeks prior to receiving the first dose of eculizumab; revaccinate according to current medical guidelines for vaccine use

> Patients less than 2 years of age and those who are treated with eculizumab less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Monitor patients for early signs of meningococcal infections, evaluate immediately if infection is suspected, and treat with antibiotics if necessary.

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

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

Authority Required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Recommencement of treatment

Clinical criteria:

- Patient must have demonstrated treatment response to previous treatment with PBS-subsidised eculizumab for this condition, **AND**
- Patient must not have ever experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must have the following clinical conditions:(i) either significant haemolysis as measured by low/absent haptoglobin; or presence of schistocytes on the blood film; or lactate dehydrogenase (LDH) above normal;**AND**(ii) either platelet consumption as measured by either 25% decline from patient baseline or thrombocytopenia (platelet count $<150 \times 10^9/L$);**OR**(iii) TMA-related organ impairment including on recent biopsy, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

(1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH;
AND

(2) One of the following:

- a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
- b) an eGFR within +/- 25% from baseline; or
- c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure . A treatment failure is defined as a patient who is:

(1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or

(2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- (1) A completed authority prescription form(s); and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Recommencement of treatment; and
- (3) A signed patient acknowledgement or an acknowledgement signed by a parent or authorised guardian, if applicable; and
- (4) A copy of a current Certificate of vaccination; and
- (5) A measurement of body weight at the time of application, and
- (6) An identified genetic mutation, if applicable; and
- (7) A family history of aHUS, if applicable; and

- (8) A history of multiple episodes of aHUS following the treatment break treatment, if applicable; and
- (9) A history of kidney transplant, if applicable, (especially if required due to aHUS); and
- (10) An inclusion of the individual consequences of recurrent disease, if applicable; and
- (11) A supporting statement with clinical evidence of TMA-related organ damage including current (within one week of application) haematological results (platelet count, haptoglobin and LDH), eGFR level, and, if applicable, on recent biopsy;
- (12) Evidence that the patient has had a treatment response to their previous treatment with eculizumab ; and
- (13) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (14) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

Note At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 5 repeats, according to the specified dosage in the approved Product Information (PI).

Applications for treatment with eculizumab where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

A raise in LDH alone is not a sufficient reason to re-commence eculizumab, but thrombocytopenia with one marker of haemolysis (such as raised LDH, presence of schistocytes, or low/absence of haptoglobin) is an accepted reason to consider re-commencement of eculizumab treatment.

Kidney transplantation/dialysis is not a contraindication to recommencement of eculizumab treatment.

Note WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis)

> Vaccinate patients with a meningococcal vaccine at least 2 weeks prior to receiving the first dose of eculizumab; revaccinate according to current medical guidelines for vaccine use

> Patients less than 2 years of age and those who are treated with eculizumab less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Monitor patients for early signs of meningococcal infections, evaluate immediately if infection is suspected, and treat with antibiotics if necessary.

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

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

Authority Required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Continuing Recommencement of treatment

Clinical criteria:

- Patient must have received treatment under Recommencement of treatment restriction with PBS-subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated ongoing treatment response to the previous 24 weeks of PBS-subsidised eculizumab for this condition, **AND**
- Patient must not have experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

- (1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; **AND**

(2) One of the following:

- a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
- b) an eGFR within +/- 25% from baseline; or
- c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure . A treatment failure is defined as a patient who is:

- (1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or
- (2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Continuing treatment; and
- (3) A copy of a current Certificate of vaccination; and
- (4) A measurement of body weight at the time of application; and
- (5) An identified genetic mutation, if applicable; and
- (6) A family history of aHUS, if applicable; and
- (7) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and
- (8) A history of kidney transplant, if applicable, (especially if required due to aHUS); and
- (9) An inclusion of the individual consequences of recurrent disease, if applicable; and
- (10) Evidence that the patient has had a treatment response including haematological results of no more than 1 week old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 week old at the time of application ; and
- (11) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (12) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

Note At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 5 repeats, according to the specified dosage in the approved Product Information (PI).

Applications for treatment with eculizumab where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

Note WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis)

- > Vaccinate patients with a meningococcal vaccine at least 2 weeks prior to receiving the first dose of eculizumab; revaccinate according to current medical guidelines for vaccine use
- > Patients less than 2 years of age and those who are treated with eculizumab less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Monitor patients for early signs of meningococcal infections, evaluate immediately if infection is suspected, and treat with antibiotics if necessary.

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

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

Authority Required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Grandfather eculizumab patients

Clinical criteria:

- Patient must have had documented history of active and progressing thrombotic microangiopathy (TMA), **AND**
- Patient must have had documented an ADAMTS-13 activity level consistent with a diagnosis of aHUS, **AND**
- Patient must have received treatment with eculizumab for this condition prior to 1 December 2014, **AND**
- Patient must have received treatment with eculizumab within the last 6 months at the time of application, **AND**
- Patient must have demonstrated on-going treatment response as specified in the Extended Initial treatment criteria for PBS-subsidised treatment with eculizumab for this condition, if the patient has received adequate therapy in order to demonstrate response, **AND**
- Patient must not have experienced treatment failure with eculizumab for this condition as specified in the Extended Initial treatment criteria for PBS-subsidised treatment with eculizumab for this condition, **AND**
- Patient must have clinical features of active organ damage or impairment at the time of a diagnosis of aHUS episode that required treatment with eculizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

Evidence of active and progressing TMA is defined by the following:

(1) a platelet count of less than $150 \times 10^9/L$; and evidence of two of the following:

(i) presence of schistocytes on blood film;

(ii) low or absent haptoglobin;

(iii) lactate dehydrogenase (LDH) above normal range; OR

(2) tissue biopsy confirming TMA in patients who don t have evidence of platelet consumption and haemolysis; AND

(3) evidence of at least one of the following clinical features of active TMA-related organ damage or impairment is defined as below:

(a) kidney impairment as demonstrated by one of the following:

(i) a decline in estimated Glomerular Filtration Rate (eGFR) of greater than 20% in a patient who has pre-existing kidney impairment; and/or

(ii) a serum creatinine (sCr) of greater than the upper limit of normal (ULN) in a patient who has no history of pre-existing kidney impairment; or

(iii) a sCr of greater than the age-appropriate ULN in paediatric patients; or

(iv) a renal biopsy

(b) onset of TMA-related neurological impairment;

(c) onset of TMA-related cardiac impairment;

(d) onset of TMA-related gastrointestinal impairment;

(e) onset of TMA-related pulmonary impairment

A treatment response is defined as:

(1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; AND

(2) One of the following:

a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or

b) an eGFR within +/- 25% from baseline; or

c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure . A treatment failure is defined as a patient who is:

(1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or

(2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

(1) A completed authority prescription form; and

(2) A completed aHUS eculizumab Authority Application Supporting Information Form for initial PBS-subsidised eculizumab treatment; and

(3) A signed patient acknowledgement or an acknowledgement signed by a parent or authorised guardian, if applicable; and

(4) A copy of a current Certificate of vaccination; and

(5) A measurement of body weight at the time of application; and

(6) The result of ADAMTS-13 activity on a blood sample at the time this condition was diagnosed; and

(7) An identified genetic mutation, if applicable; and

(8) A family history of aHUS, if applicable; and

(9) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and

(10) A history of kidney transplant, if applicable, (especially if required due to aHUS); and

(11) An inclusion of the individual consequences of recurrent disease, if applicable; and

(12) Evidence that the patient has previously received treatment with eculizumab for this condition within the last 6 months at the time of application; and

(13) Evidence that the patient has had a treatment response including haematological results of no more than 1 week old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 week old at the time of application ; or clinical reasons to justify the commencing of treatment with PBS-subsidised eculizumab; and

(14) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and

(15) A confirmed negative STEC (Shiga toxin-producing E.Coli) result if available at the time of diagnosis; or evidence that the diagnosis was not associated with an infection; and

(16) Where available in the week prior to commencing eculizumab results demonstrating:

(a) a platelet count of less than $150 \times 10^9/L$; and evidence of two of the following:

(i) presence of schistocytes on blood film;

(ii) low or absent haptoglobin;

(iii) lactate dehydrogenase (LDH) above normal range; OR

(b) tissue biopsy confirming TMA in patients who don t have evidence of platelet consumption and haemolysis; AND

(c) evidence of at least one of the following clinical features of active TMA-related organ damage or impairment is defined as below:

(a) kidney impairment as demonstrated by one of the following:

(i) a decline in estimated Glomerular Filtration Rate (eGFR) of greater than 20% in a patient who has pre-existing kidney impairment; and/or

(ii) a serum creatinine (sCr) of greater than the upper limit of normal (ULN) in a patient who has no history of pre-existing kidney impairment; or

(iii) a sCr of greater than the age-appropriate ULN in paediatric patients ; or

(iv) a renal biopsy

(b) onset of TMA-related neurological impairment;

(c) onset of TMA-related cardiac impairment;

(d) onset of TMA-related gastrointestinal impairment;

(e) onset of TMA-related pulmonary impairment ; and

(17) Where available within one month prior to commencement of eculizumab, evidence of active and progressing TMA, including pathology results where relevant. Evidence of the onset of TMA-related neurological, cardiac, gastrointestinal or pulmonary impairment requires a supporting statement with clinical evidence in patient records.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

Note WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis)

> Vaccinate patients with a meningococcal vaccine at least 2 weeks prior to receiving the first dose of eculizumab; revaccinate according to current medical guidelines for vaccine use

> Patients less than 2 years of age and those who are treated with eculizumab less than 2 weeks after receiving a meningococcal vaccine must receive treatment with appropriate prophylactic antibiotics until 2 weeks after vaccination. Monitor patients for early signs of meningococcal infections, evaluate immediately if infection is suspected, and treat with antibiotics if necessary.

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).

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