Australian Government

Department of Health

PBS

Schedule of Pharmaceutical Benefits

General Pharmaceutical Schedule - Volume 1

Effective 1 July 2019

This Schedule is also available at www.pbs.gov.au

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ISSN 1037-3667

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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 Legislation website at www.legislation.gov.au.
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Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 July 2019 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	$7.39
	Dangerous drug fee	$3.11
	Extemporaneously-prepared	$9.43
	Allowable additional patient charge*	$4.53
Additional Fees (for safety net prices):	Ready-prepared	$1.25
	Extemporaneously-prepared	$1.61
Patient Co-payments:	General	$40.30
	Concessional	$6.50
Safety Net Thresholds:	General	$1550.70
	Concessional	$390.00
Safety Net Card Issue Fee:		$10.10

* The allowable additional patient charge is a discretionary charge to general patients if a pharmaceutical item has a dispensed price for maximum quantity less than the general patient co-payment. The pharmacist may charge general patients the allowable additional fee but the fee cannot take the cost of the prescription above the general patient co-payment for the medicine. This fee does not count towards the Safety Net threshold.

Summary of Changes

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 July 2019. The Schedule is updated on the first day of each month and is available on the internet at www.pbs.gov.au.

General Pharmaceutical Benefits

Additions

Addition – Item

11716P **ISOTRETINOIN**, isotretinoin 5 mg capsule, 60 *(Oratane)*

11713L **PHENELZINE**, phenelzine 15 mg tablet, 60 *(Nardil)*

Addition – Brand

8439E *Celecoxib BTC, JB* – **CELECOXIB**, celecoxib 100 mg capsule, 60

8439E *GenRx Celecoxib, GX* – **CELECOXIB**, celecoxib 100 mg capsule, 60

8440F *Celecoxib BTC, JB* – **CELECOXIB**, celecoxib 200 mg capsule, 30

8440F *GenRx Celecoxib, GX* – **CELECOXIB**, celecoxib 200 mg capsule, 30

9022W *Fenofibrate Mylan, AF* – **FENOFIBRATE**, fenofibrate 48 mg tablet, 60

9246P *Fenofibrate Mylan, AF* – **FENOFIBRATE**, fenofibrate 48 mg tablet, 60

9023X *Fenofibrate Mylan, AF* – **FENOFIBRATE**, fenofibrate 145 mg tablet, 30

9247Q *Fenofibrate Mylan, AF* – **FENOFIBRATE**, fenofibrate 145 mg tablet, 30

1558B *APO-Isosorbide Mononitrate, TX* – **ISOSORBIDE MONONITRATE**, isosorbide mononitrate 60 mg modified release tablet, 30

8627C *Montelukast APOTEX, GX* – **MONTELUKAST**, montelukast 4 mg chewable tablet, 28

8628D *Montelukast APOTEX, GX* – **MONTELUKAST**, montelukast 5 mg chewable tablet, 28

5292M *Olmesartan/Amlodipine 20/5 APOTEX, TX* – **OLMESARTAN MEDOXOMIL + AMLODIPINE**, olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30

5293N *Olmesartan/Amlodipine 40/5 APOTEX, TX* – **OLMESARTAN MEDOXOMIL + AMLODIPINE**, olmesartan medoxomil 40 mg + amlodipine 5 mg tablet, 30

5294P *Olmesartan/Amlodipine 40/10 APOTEX, TX* – **OLMESARTAN MEDOXOMIL + AMLODIPINE**, olmesartan medoxomil 40 mg + amlodipine 10 mg tablet, 30

8363E *Raloxifene GH, GQ* – **RALOXIFENE**, raloxifene hydrochloride 60 mg tablet, 28

8378Y *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 5 mg capsule, 5

8819E *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 5 mg capsule, 5

8379B *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 20 mg capsule, 5

8820F *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 20 mg capsule, 5

8380C *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 100 mg capsule, 5

8821G *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 100 mg capsule, 5

9361Q *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 140 mg capsule, 5

9362R *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 140 mg capsule, 5

10062N *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 180 mg capsule, 5

2438H *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 180 mg capsule, 5

8381D *Temozolomide Juno, JX* – **TEMOZOLOMIDE**, temozolomide 250 mg capsule, 5

8350L *Tirofiban Juno, JU* – **TIROFIBAN**, tirofiban 12.5 mg/50 mL injection, 50 mL vial

9070J *Ziprasidone GH, GQ* – **ZIPRASIDONE**, ziprasidone 20 mg capsule, 60

9071K *Ziprasidone GH, GQ* – **ZIPRASIDONE**, ziprasidone 40 mg capsule, 60

9072L *Ziprasidone GH, GQ* – **ZIPRASIDONE**, ziprasidone 60 mg capsule, 60

9073M *Ziprasidone GH, GQ* – **ZIPRASIDONE**, ziprasidone 80 mg capsule, 60

Addition – Equivalence Indicator

2856H *Nardil, LM* – **PHENELZINE**, phenelzine 15 mg tablet, 100

Deletions

Deletion – Item

8048N **ABCIXIMAB**, abciximab 10 mg/5 mL injection, 5 mL vial *(ReoPro)*

2738D **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE**, amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 500 g *(XP Maxamaid)*

9164H **CYSTINE WITH CARBOHYDRATE**, cystine with carbohydrate containing 500 mg cystine oral liquid: powder for, 30 x 4 g sachets *(Cystine 500)*

8726G **GLATIRAMER ACETATE**, glatiramer acetate 20 mg/mL injection, 28 x 1 mL syringes *(Copaxone)*

1966L **PYRIMETHAMINE**, pyrimethamine 25 mg tablet, 50 *(Daraprim)*

9060W **ROSIGLITAZONE + METFORMIN**, rosiglitazone 2 mg + metformin hydrochloride 1 g tablet, 56 *(Avandamet)*

9059T **ROSIGLITAZONE + METFORMIN**, rosiglitazone 2 mg + metformin hydrochloride 500 mg tablet, 56 *(Avandamet)*

9062Y **ROSIGLITAZONE + METFORMIN**, rosiglitazone 4 mg + metformin hydrochloride 1 g tablet, 56 *(Avandamet)*

9061X **ROSIGLITAZONE + METFORMIN**, rosiglitazone 4 mg + metformin hydrochloride 500 mg tablet, 56 *(Avandamet)*

Deletion – Brand

5006L *Chem mart Amoxycillin and Clavulanic Acid, CH* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

5006L *Terry White Chemists Amoxycillin and Clavulanic Acid, TW* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

8254K *Chem mart Amoxycillin and Clavulanic Acid, CH* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

8254K *Terry White Chemists Amoxycillin and Clavulanic Acid, TW* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

8213G *Chem mart Atorvastatin, CH* – **ATORVASTATIN**, atorvastatin 10 mg tablet, 30

9230T *Chem mart Atorvastatin, CH* – **ATORVASTATIN**, atorvastatin 10 mg tablet, 30

8214H *Chem mart Atorvastatin, CH* – **ATORVASTATIN**, atorvastatin 20 mg tablet, 30

9231W *Chem mart Atorvastatin, CH* – **ATORVASTATIN**, atorvastatin 20 mg tablet, 30

8215J *Chem mart Atorvastatin, CH* – **ATORVASTATIN**, atorvastatin 40 mg tablet, 30

9232X *Chem mart Atorvastatin, CH* – **ATORVASTATIN**, atorvastatin 40 mg tablet, 30

8521L *Chem mart Atorvastatin, CH* – **ATORVASTATIN**, atorvastatin 80 mg tablet, 30

9233Y *Chem mart Atorvastatin, CH* – **ATORVASTATIN**, atorvastatin 80 mg tablet, 30

8295N *Chem mart Candesartan, CH* – **CANDESARTAN**, candesartan cilexetil 4 mg tablet, 30

8295N *Terry White Chemists Candesartan, TW* – **CANDESARTAN**, candesartan cilexetil 4 mg tablet, 30

8296P *Chem mart Candesartan, CH* – **CANDESARTAN**, candesartan cilexetil 8 mg tablet, 30

8296P *Terry White Chemists Candesartan, TW* – **CANDESARTAN**, candesartan cilexetil 8 mg tablet, 30

8297Q *Chem mart Candesartan, CH* – **CANDESARTAN**, candesartan cilexetil 16 mg tablet, 30

8297Q *Terry White Chemists Candesartan, TW* – **CANDESARTAN**, candesartan cilexetil 16 mg tablet, 30

8889W *Chem mart Candesartan, CH* – **CANDESARTAN**, candesartan cilexetil 32 mg tablet, 30

8889W *Terry White Chemists Candesartan, TW* – **CANDESARTAN**, candesartan cilexetil 32 mg tablet, 30

8504N *Chem mart Candesartan HCTZ 16/12.5, CH* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

8504N *Terry White Chemists Candesartan HCTZ 16/12.5, TW* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F *Chem mart Candesartan HCTZ 32/12.5, CH* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F *Terry White Chemists Candesartan HCTZ 32/12.5, TW* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

9315G *Chem mart Candesartan HCTZ 32/25, CH* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

9315G *Terry White Chemists Candesartan HCTZ 32/25, TW* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

8318T *Chem mart Clarithromycin, CH* – **CLARITHROMYCIN**, clarithromycin 250 mg tablet, 14

8318T *Terry White Chemists Clarithromycin, TW* – **CLARITHROMYCIN**, clarithromycin 250 mg tablet, 14

9296G *Chem mart Clopidogrel/Aspirin 75/100, CH* – **CLOPIDOGREL + ASPIRIN**, clopidogrel 75 mg + aspirin 100 mg tablet, 30

9296G *Terry White Chemists Clopidogrel/Aspirin 75/100, TW* – **CLOPIDOGREL + ASPIRIN**, clopidogrel 75 mg + aspirin 100 mg tablet, 30

1204J *Flucon, NV* – **FLUOROMETHOLONE**, fluorometholone 0.1% eye drops, 5 mL

5513E *Flucon, NV* – **FLUOROMETHOLONE**, fluorometholone 0.1% eye drops, 5 mL

8532C *Chem mart Indapamide SR, CH* – **INDAPAMIDE**, indapamide hemihydrate 1.5 mg modified release tablet, 90

8532C *Terry White Chemists Indapamide SR, TW* – **INDAPAMIDE**, indapamide hemihydrate 1.5 mg modified release tablet, 90

8246B *Abisart, AF* – **IRBESARTAN**, irbesartan 75 mg tablet, 30

8247C *Abisart, AF* – **IRBESARTAN**, irbesartan 150 mg tablet, 30

8248D *Abisart, AF* – **IRBESARTAN**, irbesartan 300 mg tablet, 30

8404H *Abisart HCT 150/12.5, AF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

8405J *Abisart HCT 300/12.5, AF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

2136K *Abisart HCT 300/25, AF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

8534E *Chem mart Lercanidipine, CH* – **LERCANIDIPINE**, lercanidipine hydrochloride 10 mg tablet, 28

8534E *Terry White Chemists Lercanidipine, TW* – **LERCANIDIPINE**, lercanidipine hydrochloride 10 mg tablet, 28

8679T *Chem mart Lercanidipine, CH* – **LERCANIDIPINE**, lercanidipine hydrochloride 20 mg tablet, 28

8679T *Terry White Chemists Lercanidipine, TW* – **LERCANIDIPINE**, lercanidipine hydrochloride 20 mg tablet, 28

8245Y *Chem mart Letrozole, CH* – **LETROZOLE**, letrozole 2.5 mg tablet, 30

8245Y *Terry White Chemists Letrozole, TW* – **LETROZOLE**, letrozole 2.5 mg tablet, 30

2430X *Formet Aspen 500, RW* – **METFORMIN**, metformin hydrochloride 500 mg tablet, 100

1801T *Formet Aspen 850, RW* – **METFORMIN**, metformin hydrochloride 850 mg tablet, 60

8732N *Toprol-XL 23.75, AP* – **METOPROLOL SUCCINATE**, METOPROLOL SUCCINATE Tablet 23.75 mg (controlled release), 15

1900B *GenRx Moclobemide, GX* – **MOCLOBEMIDE**, moclobemide 150 mg tablet, 60

8170B *Chem mart Olanzapine, CH* – **OLANZAPINE**, olanzapine 2.5 mg tablet, 28

8170B *Terry White Chemists Olanzapine, TW* – **OLANZAPINE**, olanzapine 2.5 mg tablet, 28

8185T *Chem mart Olanzapine, CH* – **OLANZAPINE**, olanzapine 5 mg tablet, 28

8185T *Terry White Chemists Olanzapine, TW* – **OLANZAPINE**, olanzapine 5 mg tablet, 28

8186W *Chem mart Olanzapine, CH* – **OLANZAPINE**, olanzapine 7.5 mg tablet, 28

8186W *Terry White Chemists Olanzapine, TW* – **OLANZAPINE**, olanzapine 7.5 mg tablet, 28

8187X *Chem mart Olanzapine, CH* – **OLANZAPINE**, olanzapine 10 mg tablet, 28

8187X *Terry White Chemists Olanzapine, TW* – **OLANZAPINE**, olanzapine 10 mg tablet, 28

11683X *Chem mart Omeprazole, CH* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

11683X *Terry White Chemists Omeprazole, TW* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

8331L *Chem mart Omeprazole, CH* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

8331L *Terry White Chemists Omeprazole, TW* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

8333N *Chem mart Omeprazole, CH* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

8333N *Terry White Chemists Omeprazole, TW* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

8694N *Chem mart Pioglitazone, CH* – **PIOGLITAZONE**, pioglitazone 15 mg tablet, 28

8694N *Terry White Chemists Pioglitazone, TW* – **PIOGLITAZONE**, pioglitazone 15 mg tablet, 28

8695P *Chem mart Pioglitazone, CH* – **PIOGLITAZONE**, pioglitazone 30 mg tablet, 28

8695P *Terry White Chemists Pioglitazone, TW* – **PIOGLITAZONE**, pioglitazone 30 mg tablet, 28

8696Q *Chem mart Pioglitazone, CH* – **PIOGLITAZONE**, pioglitazone 45 mg tablet, 28

8696Q *Terry White Chemists Pioglitazone, TW* – **PIOGLITAZONE**, pioglitazone 45 mg tablet, 28

9121C *Chem mart Ramipril, CH* – **RAMIPRIL**, ramipril 2.5 mg capsule, 30

9121C *Terry White Chemists Ramipril, TW* – **RAMIPRIL**, ramipril 2.5 mg capsule, 30

9122D *Chem mart Ramipril, CH* – **RAMIPRIL**, ramipril 5 mg capsule, 30

9122D *Terry White Chemists Ramipril, TW* – **RAMIPRIL**, ramipril 5 mg capsule, 30

8470T *Chem mart Ramipril, CH* – **RAMIPRIL**, ramipril 10 mg capsule, 30

8470T *Terry White Chemists Ramipril, TW* – **RAMIPRIL**, ramipril 10 mg capsule, 30

1945J *Chem mart Ramipril, CH* – **RAMIPRIL**, ramipril 2.5 mg tablet, 30

1945J *Terry White Chemists Ramipril, TW* – **RAMIPRIL**, ramipril 2.5 mg tablet, 30

1946K *Chem mart Ramipril, CH* – **RAMIPRIL**, ramipril 5 mg tablet, 30

1946K *Terry White Chemists Ramipril, TW* – **RAMIPRIL**, ramipril 5 mg tablet, 30

1849H *Chem mart Sumatriptan, CH* – **SUMATRIPTAN**, sumatriptan 50 mg tablet, 4

1849H *Terry White Chemists Sumatriptan, TW* – **SUMATRIPTAN**, sumatriptan 50 mg tablet, 4

8144P *Chem mart Sumatriptan, CH* – **SUMATRIPTAN**, sumatriptan 50 mg tablet, 2

8144P *Terry White Chemists Sumatriptan, TW* – **SUMATRIPTAN**, sumatriptan 50 mg tablet, 2

5480K *Chem mart Valaciclovir, CH* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 30

5480K *Terry White Chemists Valaciclovir, TW* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 30

8064K *Chem mart Valaciclovir, CH* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 42

8064K *Terry White Chemists Valaciclovir, TW* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 42

8134D *Chem mart Valaciclovir, CH* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 30

8134D *Terry White Chemists Valaciclovir, TW* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 30

Alterations

Alteration – Item Description

From

2181T **SODIUM HYALURONATE**, sodium hyaluronate 0.1% (1 mg/mL) eye drops, 10 mL *(Hylo-Fresh)*

To

2181T **HYALURONATE SODIUM**, hyaluronate sodium 0.1% eye drops, 10 mL *(Hylo-Fresh)*

From

2184Y **SODIUM HYALURONATE**, sodium hyaluronate 0.1% (1 mg/mL) eye drops, 10 mL *(Hylo-Fresh)*

To

2184Y **HYALURONATE SODIUM**, hyaluronate sodium 0.1% eye drops, 10 mL *(Hylo-Fresh)*

From

2171G **SODIUM HYALURONATE**, sodium hyaluronate 0.2% (2 mg/mL) eye drops, 10 mL *(Hylo-Forte)*

To

2171G **HYALURONATE SODIUM**, hyaluronate sodium 0.2% eye drops, 10 mL *(Hylo-Forte)*

From

2253N **SODIUM HYALURONATE**, sodium hyaluronate 0.2% (2 mg/mL) eye drops, 10 mL *(Hylo-Forte)*

To

2253N **HYALURONATE SODIUM**, hyaluronate sodium 0.2% eye drops, 10 mL *(Hylo-Forte)*

From

2870C **WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS AND MINERALS, LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE**, whey protein formula supplemented with amino acids, long chain polyunsaturated fatty acids, vitamins and minerals, low in protein, phosphate, potassium and lactose oral liquid: powder for, 6 x 400 g cans *(Renastart)*

To

2870C **WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS AND MINERALS, LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE**, whey protein formula supplemented with amino acids, long chain polyunsaturated fatty acids, vitamins and minerals, low in protein, phosphate, potassium and lactose powder for oral liquid, 6 x 400 g cans *(Renastart)*

Alteration – Brand Name

From

1746X *Generic Health Pty Ltd, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

To

1746X *Paracetamol Generic Health, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

From

5196L *Generic Health Pty Ltd, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

To

5196L *Paracetamol Generic Health, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

From

5224Y *Generic Health Pty Ltd, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

To

5224Y *Paracetamol Generic Health, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

From

8784H *Generic Health Pty Ltd, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

To

8784H *Paracetamol Generic Health, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

Advance Notices

1 August 2019

Deletion – Brand

2518M *Emend, MK* – **APREPITANT**, aprepitant 165 mg capsule, 1

1153Q *Carbimazol ARISTO, PQ* – **CARBIMAZOLE**, carbimazole 5 mg tablet, 100

1335G *Diltiazem Sandoz, SZ* – **DILTIAZEM**, diltiazem hydrochloride 60 mg tablet, 90

2424N *E.E.S. 200, GH* – **ERYTHROMYCIN ETHYLSUCCINATE**, erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

2428T *E.E.S. Granules, GH* – **ERYTHROMYCIN ETHYLSUCCINATE**, erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

3334L *E.E.S. 200, GH* – **ERYTHROMYCIN ETHYLSUCCINATE**, erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

3337P *E.E.S. Granules, GH* – **ERYTHROMYCIN ETHYLSUCCINATE**, erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

2412Y *Frusemide Sandoz, SZ* – **FUROSEMIDE (FRUSEMIDE)**, furosemide (frusemide) 40 mg tablet, 100

1280J *Hydrene 25/50, AF* – **HYDROCHLOROTHIAZIDE + TRIAMTERENE**, hydrochlorothiazide 25 mg + triamterene 50 mg tablet, 100

2946C *Phosphate Sandoz, FF* – **PHOSPHORUS**, phosphorus 500 mg effervescent tablet, 100

1 September 2019

Deletion – Brand

1923F *MMA/PA cooler 15, VF* – **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE**, amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine oral liquid, 30 x 130 mL pouches

1711C *Hypurin Isophane, AS* – **INSULIN ISOPHANE BOVINE**, insulin isophane bovine 100 units/mL injection, 1 x 10 mL vial

1713E *Hypurin Neutral, AS* – **INSULIN NEUTRAL BOVINE**, insulin neutral bovine 100 units/mL injection, 1 x 10 mL vial

1 October 2019
Deletion – Brand
2544X *Akineton, GH* – **BIPERIDEN**, biperiden hydrochloride 2 mg tablet, 100

1 December 2019
Deletion – Brand
1002R *Zovirax, GK* – **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g

5501M *Zovirax, GK* – **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g

1 January 2020
Deletion – Brand
8362D *Capecitabine Apotex, TX* – **CAPECITABINE**, capecitabine 500 mg tablet, 120

Highly Specialised Drugs Program (Private Hospital)

Additions

Addition – Brand
6371H *DEZTRON, DZ* – **ZOLEDRONIC ACID**, zoledronic acid 4 mg/5 mL injection, 5 mL vial

Deletions

Deletion – Brand
6429J *Bosentan APOTEX, TX* – **BOSENTAN**, bosentan 62.5 mg tablet, 60

6430K *Bosentan APOTEX, TX* – **BOSENTAN**, bosentan 125 mg tablet, 60

Alterations

Alteration – Note
11167R **PEGVISOMANT**, pegvisomant 10 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

11172B **PEGVISOMANT**, pegvisomant 15 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

11166Q **PEGVISOMANT**, pegvisomant 20 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack *(Somavert)*

11174D **PEGVISOMANT**, pegvisomant 20 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

Alteration – Restriction
10880P **PASIREOTIDE**, pasireotide 20 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

10884W **PASIREOTIDE**, pasireotide 40 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

10887B **PASIREOTIDE**, pasireotide 60 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

11167R **PEGVISOMANT**, pegvisomant 10 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

11172B **PEGVISOMANT**, pegvisomant 15 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

11166Q **PEGVISOMANT**, pegvisomant 20 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack *(Somavert)*

11174D **PEGVISOMANT**, pegvisomant 20 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

Highly Specialised Drugs Program (Public Hospital)

Additions

Addition – Brand
9653C *DEZTRON, DZ* – **ZOLEDRONIC ACID**, zoledronic acid 4 mg/5 mL injection, 5 mL vial

Deletions

Deletion – Brand

5618Q *Bosentan APOTEX, TX* – **BOSENTAN**, bosentan 62.5 mg tablet, 60

5619R *Bosentan APOTEX, TX* – **BOSENTAN**, bosentan 125 mg tablet, 60

Alterations

Alteration – Note

11179J **PEGVISOMANT**, pegvisomant 10 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

11173C **PEGVISOMANT**, pegvisomant 15 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

11177G **PEGVISOMANT**, pegvisomant 20 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack *(Somavert)*

11181L **PEGVISOMANT**, pegvisomant 20 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

Alteration – Restriction

10886Y **PASIREOTIDE**, pasireotide 20 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

10883T **PASIREOTIDE**, pasireotide 40 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

10882R **PASIREOTIDE**, pasireotide 60 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

11179J **PEGVISOMANT**, pegvisomant 10 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

11173C **PEGVISOMANT**, pegvisomant 15 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

11177G **PEGVISOMANT**, pegvisomant 20 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack *(Somavert)*

11181L **PEGVISOMANT**, pegvisomant 20 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack *(Somavert)*

Highly Specialised Drugs Program (Community Access)

Deletions

Deletion – Item

10300D **RITONAVIR**, ritonavir 600 mg/7.5 mL oral liquid, 90 mL *(Norvir)*

Advance Notices

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Deletion – Brand

10357D *Abacavir/Lamivudine 600/300 APOTEX, TX* – **ABACAVIR + LAMIVUDINE**, abacavir 600 mg + lamivudine 300 mg tablet, 30

Opiate Dependence Treatment Program

Alterations

Alteration – Item Description

From

6309C **BUPRENORPHINE**, buprenorphine 8 mg tablet, 7 *(Subutex)*

To

6309C **BUPRENORPHINE**, buprenorphine 8 mg sublingual tablet, 7 *(Subutex)*

Repatriation Pharmaceutical Benefits

Additions

Addition – Item

11714M **BANDAGE COMPRESSION**, bandage compression 10 cm x 3.5 m soft bandage [1] (&) bandage compression 10 cm x 6 m short stretch bandage [1], 1 pack *(Rosidal TCS 26484)*

11709G **DRESSING HYDROGEL**, dressing hydrogel 10 cm x 10 cm dressing, 5 *(Suprasorb G 33631)*

11717Q **DRESSING NON-ADHERENT ABSORBENT**, dressing non-adherent absorbent 12.5 cm x 12.5 cm hydroactive dressing, 10 *(Vliwasorb Pro 32641)*

11715N **DRESSING NON-ADHERENT ABSORBENT**, dressing non-adherent absorbent 22 cm x 22 cm hydroactive dressing, 10 *(Vliwasorb Pro 32643)*

11718R **DRESSING NON-ADHERENT ABSORBENT**, dressing non-adherent absorbent 22 cm x 32 cm hydroactive dressing, 10 *(Vliwasorb Pro 32644)*

11708F **GLYCEROL**, glycerol 15% solution, 1 kg *(QV Gentle Wash)*

11712K **GLYCEROL + WHITE SOFT PARAFFIN**, glycerol 5% + white soft paraffin 5% lotion, 1 L *(QV Skin Lotion)*

11710H **HYDROCORTISONE ACETATE**, hydrocortisone acetate 1% cream, 30 g *(Pharmacy Action Hydrocortisone Cream 1%)*

11707E **METHYL SALICYLATE + MENTHOL + CAMPHOR + EUCALYPTUS OIL + PINE OIL PUMILIO + TURPENTINE OIL + PEPPERMINT OIL + CAJUPUT OIL + CAPSICUM ANNUUM**, methyl salicylate 20% + menthol 5% + camphor 3.5% + eucalyptus oil 3% + pine oil pumilio 1% + turpentine oil 1% + peppermint oil 0.5% + cajuput oil 0.5% + capsicum annuum 0.15% cream, 100 g *(Goanna Heat Cream)*

11711J **OXYMETAZOLINE**, oxymetazoline hydrochloride 0.05% nasal spray, 20 mL *(Pharmacy Action Nasal Decongestant)*

Addition – Brand

4591P *Gabapentin APOTEX, TY* – **GABAPENTIN**, gabapentin 100 mg capsule, 100

4592Q *Gabapentin APOTEX, TY* – **GABAPENTIN**, gabapentin 300 mg capsule, 100

4593R *Gabapentin APOTEX, TY* – **GABAPENTIN**, gabapentin 400 mg capsule, 100

4594T *Gabapentin APOTEX, TY* – **GABAPENTIN**, gabapentin 600 mg tablet, 100

4595W *Gabapentin APOTEX, TY* – **GABAPENTIN**, gabapentin 800 mg tablet, 100

4328T *APO-Mebeverine, TX* – **MEBEVERINE**, mebeverine hydrochloride 135 mg tablet, 90

10598T *Pharmacy Action Paracetamol Osteo 665, GQ* – **PARACETAMOL**, paracetamol 665 mg modified release tablet, 96

Addition – Equivalence Indicator

10598T *Osteomol 665 Paracetamol, CR* – **PARACETAMOL**, paracetamol 665 mg modified release tablet, 96

Alterations

Alteration – Brand Name

From
10582Y *Generic Health Pty Ltd, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100
To
10582Y *Paracetamol Generic Health, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

From
10585D *Generic Health Pty Ltd, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100
To
10585D *Paracetamol Generic Health, GQ* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

About the Schedule

The Schedule of Pharmaceutical Benefits lists all of the ready-prepared items subsidised under the Pharmaceutical Benefits Scheme (PBS).

The Schedule is published and is effective on the first day of each month.

For detailed information about the prescribing and supply of pharmaceutical benefits go to www.pbs.gov.au

For information about the operational aspects of the PBS, such as, PBS claiming, authority applications and stationery supplies contact the Department of Human Services at www.humanservices.gov.au

The Repatriation Schedule of Pharmaceutical Benefits provides information about pharmaceutical benefits available under the Repatriation Pharmaceutical Benefits Scheme (RPBS). These may only be prescribed to Department of Veterans' Affairs (DVA) beneficiaries holding a valid repatriation health card. Queries relating to the RPBS can be made to the DVA or go to www.dva.gov.au

Symbols and Abbreviations Used in the Schedule

*	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
#	A gauge in the dispensed price column indicates that the product is not preconstituted and that the dispensed price therefore included a dispensing fee and where appropriate, an amount for purified water
a or b	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
B	Located immediately before an amount in the premium column indicates a brand premium which applies to that particular brand of the item
T	Located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular item
S	Located immediately before an amount in the premium column indicates a special patient contribution which applies to that particular item
DPMQ $	Dispensed price for maximum quantity
MRVSN $	Maximum recordable value for safety net
NP	Indicates that the item can be prescribed by an authorised nurse practitioner
MW	Indicates that the item can be prescribed by an authorised midwife
OP	Indicates that the item can be prescribed by an authorised optometrist
DP	Indicates that the item can be prescribed by an authorised dental practitioner

Restricted Benefits

All restricted items have separate headings for authority and non-authority items. In each case these items may be prescribed as pharmaceutical benefits only for use for one of the specified indications. Where more than one indication is specified for an Authority required or Restricted pharmaceutical benefit, each indication is separated from the preceding indication by a semi-colon and commences on the next line. In the case of Authority required (STREAMLINED) items, each indication will also include a four digit streamlined authority code. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of the specified indications.

Restricted benefits - above an item indicates where an item can only be prescribed for specific therapeutic uses.

Authority required benefits – above an item indicates that a prescriber must seek approval from Department of Human Services or the Department of Veterans' Affairs. The prescriber must declare the specific conditions and circumstances that justify the use of these medicines. This is usually done by phone or in writing

Authority required (STREAMLINED) – authority can be sought electronically.

Guidelines and General Statements

General Statement for Drugs for the Treatment of Hepatitis C

Use the following criteria to determine patient eligibility for subsidisation under the PBS for hepatitis C treating agents.

By writing a PBS prescription, the prescriber is certifying the patient satisfies the qualifying criteria set out below and the use in accordance with the registered indications which differ between agents in this class – refer to the current Product Information for details.

Population criteria:
Patient must be aged 18 years or older.

Treatment criteria:
Must be treated by a medical practitioner or an authorised nurse practitioner[1] experienced in the treatment of chronic hepatitis C infection; or in consultation with a gastroenterologist, hepatologist or infectious diseases physician experienced in the treatment of chronic hepatitis C infection.

The following information must be provided at the time of application:

a) the hepatitis C virus genotype; and
b) the patient's cirrhotic status (non-cirrhotic or cirrhotic)

The following information must be documented in the patient's medical records:
a) evidence of chronic hepatitis C infection (repeatedly antibody to hepatitis C virus (anti-HCV) positive and hepatitis C virus ribonucleic acid (HCV RNA) positive); and
b) evidence of the hepatitis C virus genotype

The following matrices identify the regimens which are available for PBS prescription for eligible patients, based on the hepatitis C virus genotype and treatment history.

HEPATITIS C - NON-CIRRHOTIC PATIENTS

	TREATMENT NAÏVE	**TREATMENT EXPERIENCED**
Genotype 1	LEDIPASVIR + SOFOSBUVIR **[8 or 12 weeks]** [2] OR DACLATASVIR and SOFOSBUVIR **[12 weeks]** OR SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR with PIBRENTASVIR **[8 weeks]**	LEDIPASVIR + SOFOSBUVIR **[12 weeks]** OR DACLATASVIR and SOFOSBUVIR **[12 or 24 weeks]** OR SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR and RBV **[16 weeks]** [3] **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR + PIBRENTASVIR **[8, 12 and 16 weeks]**[4] **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]** [5]

Genotype 2	SOFOSBUVIR and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR + PIBRENTASVIR **[8 weeks]**	SOFOSBUVIR and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR + PIBRENTASVIR **[8 weeks]** **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]** [5]
Genotype 3	DACLATASVIR and SOFOSBUVIR **[12 weeks]** **OR** SOFOSBUVIR and RBV **[24 weeks]** **OR** SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR + PIBRENTASVIR **[8 weeks]**	DACLATASVIR and SOFOSBUVIR **[12 weeks]** **OR** SOFOSBUVIR and RBV **[24 weeks]** **OR** SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR + PIBRENTASVIR **[16 weeks]** **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]** [5]
Genotype 4	SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR + PIBRENTASVIR **[8 weeks]**	SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR and RBV **[16 weeks]**[3] **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR with PIBRENTASVIR **[8 weeks]** **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]** [5]
Genotype 5 & 6	SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR + PIBRENTASVIR **[8 weeks]**	SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]** **OR** GLECAPREVIR + PIBRENTASVIR **[8 weeks]** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]** [5]

KEY
PEG-IFN - peginterferon alfa-2a
RBV - ribavirin

HEPATITIS C – CIRRHOTIC PATIENTS

	TREATMENT NAÏVE	**TREATMENT EXPERIENCED**
Genotype 1	LEDIPASVIR + SOFOSBUVIR **[12 weeks]** **OR** DACLATASVIR and SOFOSBUVIR and RBV **[12 weeks]** **OR** DACLATASVIR and SOFOSBUVIR **[24 weeks]** **OR** SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6] **OR** GLECAPREVIR + PIBRENTASVIR **[12 weeks]**	LEDIPASVIR + SOFOSBUVIR **[24 weeks]** **OR** DACLATASVIR and SOFOSBUVIR **[24 weeks]** **OR** DACLATASVIR and SOFOSBUVIR and RBV **[12 weeks]** **OR** SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR and RBV **[16 weeks]**[3] **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6] **OR** GLECAPREVIR + PIBRENTASVIR **[12 and 16 weeks]**[7] **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]**[5]

Genotype 2	SOFOSBUVIR and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6] **OR** GLECAPREVIR with PIBRENTASVIR **[12 weeks]**	SOFOSBUVIR and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6] **OR** GLECAPREVIR + PIBRENTASVIR **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]** [5]
Genotype 3	SOFOSBUVIR and RBV **[24 weeks]** **OR** DACLATASVIR and SOFOSBUVIR **[24 weeks]** **OR** SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** DACLATASVIR and SOFOSBUVIR and RBV **[12 or 24 weeks]**[8] **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6, 9] **OR** GLECAPREVIR + PIBRENTASVIR **[12 weeks]**	DACLATASVIR and SOFOSBUVIR **[24 weeks]** **OR** SOFOSBUVIR and RBV **[24 weeks]** **OR** SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** DACLATASVIR and SOFOSBUVIR and RBV **[12 or 24 weeks]**[8] **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6, 9] **OR** GLECAPREVIR + PIBRENTASVIR **[16 weeks]** **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]**[5]
Genotype 4	SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6] **OR** GLECAPREVIR + PIBRENTASVIR **[12 weeks]**	SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR **[12 weeks]** **OR** GRAZOPREVIR + ELBASVIR and RBV **[16 weeks]**[3] **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6] **OR** GLECAPREVIR with PIBRENTASVIR **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]**[5]
Genotype 5 & 6	SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6] **OR** GLECAPREVIR + PIBRENTASVIR **[12 weeks]**	SOFOSBUVIR and PEG-IFN and RBV **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR **[12 weeks]**[6] **OR** GLECAPREVIR with PIBRENTASVIR **[12 weeks]** **OR** SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR **[12 weeks]**[5]

KEY
PEG-IFN - peginterferon alfa-2a
RBV – ribavirin

1. Medicines for the treatment of hepatitis C are listed for prescribing by authorised nurse practitioners under the General Schedule only. Medicines for the treatment of hepatitis C are not listed for prescribing by authorised nurse practitioners under the S100 Highly Specialised Drugs Program.
2. LEDIPASVIR + SOFOSBUVIR [8 or 12 weeks] for treatment-naïve, non-cirrhotic patients:
   - consider treatment for 8 weeks where pre-treatment HCV RNA is less than 6 million IU/mL;
   - otherwise treatment for 12 weeks where pre-treatment HCV RNA is 6 million IU/mL or greater.
3. GRAZOPREVIR + ELBASVIR and RBV [16 weeks] for treatment-experienced, non-cirrhotic and cirrhotic patients, treatment for 16 weeks in patients with genotype 1a or 4 HCV who have experienced on-treatment virologic failure to prior treatment.
4. GLECAPREVIR + PIBRENTASVIR [8 or 12 or 16 weeks]:
   - treatment for 8 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
   - treatment for 12 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS3/4A PI;
   - treatment for 16 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS5A inhibitor.
5. SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR [12 weeks] only for patients who have failed an NS5A inhibitor.
6. SOFOSBUVIR + VELPATASVIR [12 weeks] for patients with decompensated cirrhosis. Use in combination with ribavirin.
7. GLECAPREVIR + PIBRENTASVIR [12 or 16 weeks]:
   - treatment for 12 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS3/4A PI;
   - treatment for 16 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS5A inhibitor.
8. DACLATASVIR and SOFOSBUVIR and RBV [12 or 24 weeks] for cirrhotic patients. Consider a 24 week regimen of where clinically appropriate.
9. SOFOSBUVIR + VELPATASVIR [12 weeks] for patients with genotype 3 infection with compensated cirrhosis. Consider addition of ribavirin.

Pharmaceutical Benefits Schedules

Prescriber Bag

▪ ADRENALINE (EPINEPHRINE)

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3451P	1	21.14	Link Medical Products Pty Ltd [LM]

NP

▪ ATROPINE SULFATE

atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3453R	1	23.15	Pfizer Australia Pty Ltd [PF]

NP

▪ BENZATROPINE

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11265X	1	116.38	Benzatropine Injection [FF]

NP

▪ BENZYLPENICILLIN

benzylpenicillin 600 mg injection, 1 vial

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3486L	5	*41.19	BenPen [CS]

NP

OR

▪ PROCAINE BENZYLPENICILLIN (PROCAINE PENICILLIN)

procaine benzylpenicillin (procaine penicillin) 1.5 g/3.4 mL injection, 5 x 3.4 mL syringes

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3485K	1	74.83	Cilicaine [QA]

NP

▪ BENZYLPENICILLIN

benzylpenicillin 3 g injection, 1 vial

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3487M	1	21.06	BenPen [CS]

NP

▪ CHLORPROMAZINE

chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3455W	1	21.40	Largactil [SW]

NP

OR

▪ HALOPERIDOL

haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3456X	1	22.68	Serenace [QA]

NP

▪ CLONAZEPAM

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3478C	‡1	15.23	Rivotril [RO]

NP

▪ DEXAMETHASONE PHOSPHATE

DEXAMETHASONE SODIUM PHOSPHATE Injection equivalent to 4 mg dexamethasone phosphate in 1 mL, 5

3472R NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	17.60	[a] Dexamethasone Mylan [AF]	[a] Hospira Pty Limited [PF]

OR

▪ HYDROCORTISONE SODIUM SUCCINATE

hydrocortisone (as sodium succinate) 100 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

3470P NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
2	*21.29	Solu-Cortef [PF]

OR

hydrocortisone (as sodium succinate) 250 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

3471Q NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	20.24	Solu-Cortef [PF]

▪ DIAZEPAM

diazepam 10 mg/2 mL injection, 5 x 2 mL ampoules

3458B NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	17.50	Hospira Pty Limited [PF]

▪ DIPHTHERIA + TETANUS VACCINE

diphtheria 2 units + tetanus 20 units vaccine injection, 5 x 0.5 mL syringes

3463G NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
2	*128.37	ADT Booster [CS]

▪ FUROSEMIDE (FRUSEMIDE)

furosemide (frusemide) 20 mg/2 mL injection, 5 x 2 mL ampoules

3466K NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	12.80	[a] Frusemide-Claris [BX] [a] Lasix [SW]	[a] Frusemide Sandoz [SZ]

▪ GLUCAGON HYDROCHLORIDE

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

3467L NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	49.12	GlucaGen Hypokit [NO]

▪ GLYCERYL TRINITRATE

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

3475X NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	23.40	Nitrolingual Pumpspray [SW]

▪ HYOSCINE BUTYLBROMIDE

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

3473T NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	23.82	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE SXP [XC]

▪ LIDOCAINE (LIGNOCAINE)

lidocaine (lignocaine) hydrochloride monohydrate 1% (50 mg/5 mL) injection, 5 x 5 mL ampoules

10209H NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	39.01	Pfizer Australia Pty Ltd [PF]

▪ METHOXYFLURANE

methoxyflurane 99.9% (999 mg/g) inhalation solution, 3 mL bottle

3489P

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	43.65	Penthrox [DV]

▪ METOCLOPRAMIDE

metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3476Y			
NP	1	17.19	Maxolon [IL]

OR

▪ PROCHLORPERAZINE

prochlorperazine mesilate 12.5 mg/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3477B			
NP	1	21.16	Stemetil [SW]

▪ MIDAZOLAM

midazolam 5 mg/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10178Q			
NP	1	40.71	Pfizer Australia Pty Ltd [PF]

▪ MORPHINE

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10862Q			
NP	1	20.91	Morphine Juno [JU]

OR

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10868B			
NP	1	24.27	Morphine Juno [JU]

OR

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3479D			
NP	1	22.31	Hospira Pty Limited [PF]

OR

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3480E			
NP	1	24.41	Hospira Pty Limited [PF]

▪ NALOXONE

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
10786Q				
NP	2	*95.27	[a] Naloxone Hydrochloride (DBL) [PF]	[a] Naloxone Juno [JU]

OR

naloxone hydrochloride 400 microgram/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11233F			
NP	1	95.26	[a] NARCAN [FF]

▪ OXYTOCIN

oxytocin 10 units/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10251M			
	1	61.48	Oxytocin Sandoz [SZ]

▪ PHYTOMENADIONE

phytomenadione 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10213M			
	1	24.97	Konakion MM [PB]

▪ PROMETHAZINE

promethazine hydrochloride 50 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3488N			
NP	2	*35.07	Hospira Pty Limited [PF]

▪ SALBUTAMOL

salbutamol 100 microgram/actuation inhalation, 200 actuations

3495Y

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	15.67	[a] Asmol CFC-free [AL]
	16.96	[a] Ventolin CFC-free [GK]

NP

OR

salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

11125M

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	15.82	Ventolin Nebules [GK]

NP

OR

salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

3496B

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	15.48	[a] APO-Salbutamol [TX]	[a] Salbutamol Actavis [EA]
		[a] Salbutamol AN [ED]	[a] Salbutamol Cipla [LR]
	15.73	[a] Asmol 2.5 uni-dose [AF]	

NP

▪ SALBUTAMOL

salbutamol 5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

11088N

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	15.95	Ventolin Nebules [GK]

NP

OR

salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

3497C

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	15.69	[a] APO-Salbutamol [TX]	[a] Salbutamol Actavis [EA]
		[a] Salbutamol AN [ED]	[a] Salbutamol Cipla [LR]
	15.94	[a] Asmol 5 uni-dose [AF]	

NP

▪ TRAMADOL

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

3484J

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	14.33	[a] Tramadol ACT [JO]	[a] Tramadol AN [JU]
		[a] Tramadol Sandoz [SZ]	[a] Tramal 100 [CS]

NP

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ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Antiinfectives and antiseptics for local oral treatment

AMPHOTERICIN B

amphotericin B 10 mg lozenge, 20

2931G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	15.74	16.99	Fungilin [QA]

NP

amphotericin B 10 mg lozenge, 20

3306B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	15.74	16.99	Fungilin [QA]

DP

Other agents for local oral treatment

BENZYDAMINE

Restricted benefit

Mucositis

Clinical criteria:

- The condition must be radiation induced.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

1121B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	22.67	23.92	Difflam [IL]

NP

BENZYDAMINE

Restricted benefit

Mucositis

Clinical criteria:

- The condition must be radiation induced.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

5032W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	22.67	23.92	Difflam [IL]

DP

DRUGS FOR ACID RELATED DISORDERS

DRUGS FOR PEPTIC ULCER AND GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD)

H2-receptor antagonists

CIMETIDINE

Note Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

cimetidine 400 mg tablet, 60

1158Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	20.48	21.73	Magicul 400 [AF]

NP

FAMOTIDINE

Note Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

famotidine 20 mg tablet, 60

2487X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.33	16.58	[a] Ausfam 20 [RW] [a] Famotidine Sandoz [SZ]	[a] Famotidine AN [EA] [a] GenRx Famotidine [GX]

NP

famotidine 40 mg tablet, 30

2488Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.33	16.58	[a] Ausfam 40 [RW] [a] Famotidine Sandoz [SZ]	[a] Famotidine AN [EA] [a] GenRx Famotidine [GX]

NP

NIZATIDINE

Note Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

nizatidine 150 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1505F NP	1	5	..	21.92	23.17	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]6.61	28.53	23.17	[a] Tazac [RW]	

nizatidine 300 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1504E NP	1	5	..	21.92	23.17	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]6.61	28.53	23.17	[a] Tazac [RW]	

▪ RANITIDINE

Note Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

ranitidine 150 mg/10 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8162N NP	2	5	..	*28.73	29.98	Zantac Syrup [AS]

ranitidine 300 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1977C NP	1	5	..	14.94	16.19	[a] APO-Ranitidine [TX] [a] Chem mart Ranitidine [CH] [a] Ranitidine GH [GQ] [a] Terry White Chemists Ranitidine [TW]	[a] Ausran [RW] [a] Rani 2 [AF] [a] Ranitidine Sandoz [SZ]
			[B]1.68	16.62	16.19	[a] Zantac [AS]	

▪ RANITIDINE

Note Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

Note Pharmaceutical benefits that have the form ranitidine tablet 150 mg (as hydrochloride) and pharmaceutical benefits that have the form ranitidine tablet, effervescent, 150 mg (as hydrochloride) are equivalent for the purposes of substitution.

ranitidine 150 mg effervescent tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1937Y NP	2	5	[B]1.16	*16.55	16.64	[a] Zantac [AS]

ranitidine 150 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1978D NP MW	1	5	..	14.94	16.19	[a] APO-Ranitidine [TX] [a] Chem mart Ranitidine [CH] [a] Ranitidine AN [EA] [a] Ranitidine Sandoz [SZ]	[a] Ausran [RW] [a] Rani 2 [AF] [a] Ranitidine GH [GQ] [a] Terry White Chemists Ranitidine [TW]
			[B]1.68	16.62	16.19	[a] Zantac [AS]	

Proton pump inhibitors

▪ ESOMEPRAZOLE

Note Pharmaceutical benefits that have the form esomeprazole tablet 40 mg and pharmaceutical benefits that have the form esomeprazole capsule 40 mg are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Standard dose proton pump inhibitors are appropriate step-down therapy from high dose proton pump inhibitors.

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

Gastro-oesophageal reflux disease

Clinical criteria:

- Patient must have symptoms which are inadequately controlled using a standard dose proton pump inhibitor.

esomeprazole 40 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10330Q NP	1	1	..	22.20	23.45	[a] Esomeprazole ACTAVIS [EA]	[a] Noxicid Caps [AL]

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8601Q NP	1	1	..	22.20	23.45	[a] Esomeprazole Apotex [TX] [a] Esomeprazole GxP [AF] [a] Esomeprazole Sandoz [SZ] [a] Nexazole [RW]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] Esomeprazole SZ [HX] [a] Nexole [RF]

			[a] Pharmacor Esomeprazole [CR]	
[B]3.58	25.78	23.45	[a] Nexium [AP]	

▪ ESOMEPRAZOLE

Note Pharmaceutical benefits that have the form esomeprazole tablet 40 mg and pharmaceutical benefits that have the form esomeprazole capsule 40 mg are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Standard dose proton pump inhibitors are appropriate step-down therapy from high dose proton pump inhibitors.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

Clinical criteria:

- Patient must have symptoms which are inadequately controlled using a standard dose proton pump inhibitor.

Authority required

Scleroderma oesophagus

Clinical criteria:

- Patient must have symptoms which are inadequately controlled using a standard dose proton pump inhibitor.

esomeprazole 40 mg enteric capsule, 30

10331R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.20	23.45	[a] Esomeprazole ACTAVIS [EA]	[a] Noxicid Caps [AL]

esomeprazole 40 mg enteric tablet, 30

3401B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.20	23.45	[a] Esomeprazole Apotex [TX]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Sandoz [SZ]	[a] Esomeprazole SZ [HX]
						[a] Nexazole [RW]	[a] Nexole [RF]
						[a] Pharmacor Esomeprazole [CR]	
			[B]3.58	25.78	23.45	[a] Nexium [AP]	

▪ ESOMEPRAZOLE

Note Pharmaceutical benefits that have the form esomeprazole tablet 20 mg and pharmaceutical benefits that have the form esomeprazole capsule 20 mg are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

Authority required (STREAMLINED)

8827

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

esomeprazole 20 mg enteric capsule, 30

10343J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.79	19.04	[a] Esomeprazole ACTAVIS [EA]	[a] Noxicid Caps [AL]

esomeprazole 20 mg enteric tablet, 30

8600P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.79	19.04	[a] Esomeprazole Apotex [TX]	[a] Esomeprazole GH [GQ]
						[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
						[a] Esomeprazole Sandoz [SZ]	[a] Esomeprazole SZ [HX]
						[a] Nexazole [RW]	[a] Nexole [RF]
						[a] Pharmacor Esomeprazole [CR]	
			[B]3.58	21.37	19.04	[a] Nexium [AP]	

▪ ESOMEPRAZOLE

Note Pharmaceutical benefits that have the form esomeprazole tablet 20 mg and pharmaceutical benefits that have the form esomeprazole capsule 20 mg are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

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)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

esomeprazole 20 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11687D NP	1	5	..	17.79	19.04	[a] Esomeprazole ACTAVIS [EA]	[a] Noxicid Caps [AL]

esomeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11692J NP	1	5	..	17.79	19.04	[a] Esomeprazole Apotex [TX] [a] Esomeprazole GxP [AF] [a] Esomeprazole Sandoz [SZ] [a] Nexazole [RW] [a] Pharmacor Esomeprazole [CR]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] Esomeprazole SZ [HX] [a] Nexole [RF]
			[B]3.58	21.37	19.04	[a] Nexium [AP]	

▪ ESOMEPRAZOLE

Note Pharmaceutical benefits that have the form esomeprazole tablet 20 mg and pharmaceutical benefits that have the form esomeprazole capsule 20 mg are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

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)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have tested negative for helicobacter pylori infection; OR
- Patient must have failed treatment with helicobacter pylori eradication therapy.

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; OR
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

esomeprazole 20 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10295W NP	1	1	..	17.79	19.04	[a] Esomeprazole ACTAVIS [EA]	[a] Noxicid Caps [AL]

esomeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8886Q NP	1	1	..	17.79	19.04	[a] Esomeprazole Apotex [TX] [a] Esomeprazole GxP [AF] [a] Esomeprazole Sandoz [SZ] [a] Nexazole [RW] [a] Pharmacor Esomeprazole [CR]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] Esomeprazole SZ [HX] [a] Nexole [RF]
			[B]3.58	21.37	19.04	[a] Nexium [AP]	

▪ LANSOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

lansoprazole 15 mg enteric capsule, 30

8198L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	14.85	16.10	Zopral [AF]

lansoprazole 15 mg orally disintegrating tablet, 28

9331D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.62	15.87	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]4.81	19.43	15.87	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

lansoprazole 30 mg enteric capsule, 28

2241Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.11	18.36	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

9478W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.11	18.36	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]4.81	21.92	18.36	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

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)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

lansoprazole 30 mg enteric capsule, 28

11669E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.11	18.36	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

11697P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.11	18.36	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]4.81	21.92	18.36	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

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)

8775

Peptic ulcer
Treatment Phase: Initial treatment
Clinical criteria:
- Patient must have tested negative for helicobacter pylori infection; OR
- Patient must have failed treatment with helicobacter pylori eradication therapy.

Authority required (STREAMLINED)
8774
Gastro-oesophageal reflux disease
Clinical criteria:
- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; OR
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

lansoprazole 30 mg enteric capsule, 28

2240X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	17.11	18.36	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

9477T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	17.11	18.36	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]4.81	21.92	18.36	[a] Zoton FasTabs [PF]	

▪ OMEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Restricted benefit
Gastro-oesophageal reflux disease
Restricted benefit
Scleroderma oesophagus
Restricted benefit
Zollinger-Ellison syndrome

omeprazole 10 mg enteric tablet, 30

8332M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.10	16.35	Losec Tablets [AP]

▪ OMEPRAZOLE

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.
Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority required (STREAMLINED)
8780
Scleroderma oesophagus
Authority required (STREAMLINED)
8866
Zollinger-Ellison syndrome

omeprazole 20 mg enteric tablet, 30

8333N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.91	17.16	[a] APO-Omeprazole [TX] [a] Omeprazole AN [EA] [a] Ozmep [ZP]	[a] Meprazol [SZ] [a] Omeprazole generichealth [GQ] [a] Pharmacor Omeprazole [CR]

omeprazole 20 mg enteric tablet, 30

9110L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.91	17.16	[a] Acimax Tablets [AL] [a] Omeprazole Sandoz [SZ]	[a] Omepral [ZA]
		[B]7.36	23.27	17.16	[a] Losec Tablets [AP]	

omeprazole 20 mg enteric capsule, 30

1327W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.91	17.16	[a] APO-Omeprazole [TX] [a] Omeprazole Sandoz [HX] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Pemzo [RW] [a] Probitor [SZ]

▪ OMEPRAZOLE

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

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)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

omeprazole 20 mg enteric tablet, 30

11677N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.91	17.16	[a] Acimax Tablets [AL] [a] Omeprazole Sandoz [SZ]	[a] Omepral [ZA]
		[B]7.36	23.27	17.16	[a] Losec Tablets [AP]	

omeprazole 20 mg enteric tablet, 30

11683X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.91	17.16	[a] APO-Omeprazole [TX] [a] Omeprazole AN [EA] [a] Ozmep [ZP]	[a] Meprazol [SZ] [a] Omeprazole generichealth [GQ] [a] Pharmacor Omeprazole [CR]

omeprazole 20 mg enteric capsule, 30

11682W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.91	17.16	[a] APO-Omeprazole [TX] [a] Omeprazole Sandoz [HX] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Pemzo [RW] [a] Probitor [SZ]

▪ OMEPRAZOLE

Note Pharmaceutical benefits that have the forms omeprazole tablet 20 mg, omeprazole capsule 20 mg and omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

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)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have tested negative for helicobacter pylori infection; OR
- Patient must have failed treatment with helicobacter pylori eradication therapy.

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; OR
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

omeprazole 20 mg enteric tablet, 30

8331L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	15.91	17.16	[a] APO-Omeprazole [TX] [a] Omeprazole AN [EA] [a] Ozmep [ZP]	[a] Meprazol [SZ] [a] Omeprazole generichealth [GQ] [a] Pharmacor Omeprazole [CR]

omeprazole 20 mg enteric tablet, 30

9109K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	15.91	17.16	[a] Acimax Tablets [AL] [a] Omeprazole Sandoz [SZ]	[a] Omepral [ZA]

		[B]7.36	23.27	17.16	[a] Losec Tablets [AP]	

omeprazole 20 mg enteric capsule, 30

1326T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	15.91	17.16	[a] APO-Omeprazole [TX] [a] Omeprazole Sandoz [HX] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Pemzo [RW] [a] Probitor [SZ]

▪ PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Restricted benefit
Gastro-oesophageal reflux disease
Restricted benefit
Scleroderma oesophagus
Restricted benefit
Zollinger-Ellison syndrome

pantoprazole 20 mg enteric tablet, 30

8399C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	12.73	13.98	[a] APO-Pantoprazole [TX] [a] Ozpan [RA] [a] Panto [TK] [a] Pantoprazole AN [EA] [a] Pantoprazole generichealth [HQ] [a] Salpraz [AF] [a] Sozol [RW]	[a] APOTEX-Pantoprazole [GX] [a] Panthron [ER] [a] Pantofast 20 [RZ] [a] Pantoprazole APOTEX [TY] [a] Pantoprazole Sandoz [SZ] [a] Somac [NQ]

▪ PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority required (STREAMLINED)
8780
Scleroderma oesophagus
Authority required (STREAMLINED)
8866
Zollinger-Ellison syndrome

pantoprazole 40 mg enteric coated granules, 30 sachets

9424B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	32.60	33.85	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

8008L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.03	15.28	[a] APO-Pantoprazole [TX] [a] I-Pantoprazole [CR] [a] Panthron [ER] [a] Pantoprazole Actavis [ED] [a] Pantoprazole APOTEX [TY] [a] Pantoprazole GH [GQ] [a] Salpraz [AF] [a] Sozol [RW]	[a] APOTEX-Pantoprazole [GX] [a] Ozpan [RA] [a] Panto [TK] [a] Pantoprazole AN [EA] [a] Pantoprazole generichealth [HQ] [a] Pantoprazole Sandoz [SZ] [a] Somac [NQ]

▪ PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
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)
8776
Gastro-oesophageal reflux disease
Clinical criteria:

- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

pantoprazole 40 mg enteric coated granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11678P NP	1	5	..	32.60	33.85	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11681T NP	1	5	..	14.03	15.28	[a] APO-Pantoprazole [TX]	[a] APOTEX-Pantoprazole [GX]
						[a] I-Pantoprazole [CR]	[a] Ozpan [RA]
						[a] Panthron [ER]	[a] Panto [TK]
						[a] Pantoprazole Actavis [ED]	[a] Pantoprazole AN [EA]
						[a] Pantoprazole APOTEX [TY]	[a] Pantoprazole generichealth [HQ]
						[a] Pantoprazole GH [GQ]	[a] Pantoprazole Sandoz [SZ]
						[a] Salpraz [AF]	[a] Somac [NQ]
						[a] Sozol [RW]	

▪ PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

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)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have tested negative for helicobacter pylori infection; OR
- Patient must have failed treatment with helicobacter pylori eradication therapy.

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; OR
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

pantoprazole 40 mg enteric coated granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9423Y NP	1	1	..	32.60	33.85	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8007K NP	1	1	..	14.03	15.28	[a] APO-Pantoprazole [TX]	[a] APOTEX-Pantoprazole [GX]
						[a] I-Pantoprazole [CR]	[a] Ozpan [RA]
						[a] Panthron [ER]	[a] Panto [TK]
						[a] Pantoprazole Actavis [ED]	[a] Pantoprazole AN [EA]
						[a] Pantoprazole APOTEX [TY]	[a] Pantoprazole generichealth [HQ]
						[a] Pantoprazole GH [GQ]	[a] Pantoprazole Sandoz [SZ]
						[a] Salpraz [AF]	[a] Somac [NQ]
						[a] Sozol [RW]	

▪ RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

rabeprazole sodium 10 mg enteric tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8507R NP	1	5	..	14.52	15.77	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Parzol 10 [ZP]	[a] Rabeprazole AN [EA]
						[a] Rabeprazole-DRLA [RZ]	[a] Rabeprazole Sandoz [SZ]
			[B]5.01	19.53	15.77	[a] Pariet [JC]	

▪ RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.

Authority required (STREAMLINED)
8780
Scleroderma oesophagus

rabeprazole sodium 20 mg enteric tablet, 30

8508T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.52	15.77	[a] APO-Rabeprazole [TX] [a] Parbezol [RW] [a] Rabeprazole AN [EA] [a] Rabeprazole Sandoz [SZ] [a] Terry White Chemists Rabeprazole [TW]	[a] Chem mart Rabeprazole [CH] [a] Parzol 20 [ZP] [a] Rabeprazole-DRLA [RZ] [a] Rabeprazole SUN [RN] [a] Zabep [AL]
		[B]5.01	19.53	15.77	[a] Pariet [JC]	

▪ RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
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)
8776
Gastro-oesophageal reflux disease
Clinical criteria:

- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

rabeprazole sodium 20 mg enteric tablet, 30

11670F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.52	15.77	[a] APO-Rabeprazole [TX] [a] Parbezol [RW] [a] Rabeprazole AN [EA] [a] Rabeprazole Sandoz [SZ] [a] Terry White Chemists Rabeprazole [TW]	[a] Chem mart Rabeprazole [CH] [a] Parzol 20 [ZP] [a] Rabeprazole-DRLA [RZ] [a] Rabeprazole SUN [RN] [a] Zabep [AL]
		[B]5.01	19.53	15.77	[a] Pariet [JC]	

▪ RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
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)
8775
Peptic ulcer
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have tested negative for helicobacter pylori infection; OR
- Patient must have failed treatment with helicobacter pylori eradication therapy.

Authority required (STREAMLINED)
8774
Gastro-oesophageal reflux disease
Clinical criteria:

- The treatment must be for initial treatment of symptomatic gastro-oesophageal reflux disease; OR
- The treatment must be for the short-term maintenance treatment of gastro-oesophageal reflux disease.

rabeprazole sodium 20 mg enteric tablet, 30

8509W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	14.52	15.77	[a] APO-Rabeprazole [TX] [a] Parbezol [RW] [a] Rabeprazole AN [EA] [a] Rabeprazole Sandoz [SZ] [a] Terry White Chemists Rabeprazole [TW]	[a] Chem mart Rabeprazole [CH] [a] Parzol 20 [ZP] [a] Rabeprazole-DRLA [RZ] [a] Rabeprazole SUN [RN] [a] Zabep [AL]

[B]5.01	19.53	15.77	[a]	Pariet [JC]

Combinations for eradication of Helicobacter pylori

▪ ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN

Note Pharmaceutical benefits that have the form pack containing 14 tablets (enteric coated) containing esomeprazole 20 mg (as magnesium trihydrate), 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg (as trihydrate) and pack containing 14 tablets (enteric coated) containing esomeprazole 20 mg (as magnesium), 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg (as trihydrate) are equivalent for the purposes of substitution.

Restricted benefit

Eradication of Helicobacter pylori

Clinical criteria:

- The condition must be associated with peptic ulcer disease.

esomeprazole 20 mg tablet: enteric [14 tablets] (&) clarithromycin 500 mg tablet [14 tablets] (&) amoxicillin 500 mg capsule [28 capsules], 1 pack

10759G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
‡1	..	..	36.91	38.16	[a]	ESOMEPRAZOLE SANDOZ Hp7 [SZ]

esomeprazole 20 mg tablet: enteric [14 tablets] (&) clarithromycin 500 mg tablet [14 tablets] (&) amoxicillin 500 mg capsule [28 capsules], 1 pack

8738X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
‡1	..	[B]3.58	40.49	38.16	[a]	Nexium Hp7 [AP]

Other drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)

▪ SUCRALFATE

sucralfate 1 g tablet, 120

2055E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	27.07	28.32	Carafate [AS]

▪ DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, tertiary amines

▪ ATROPINE SULFATE

atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules

5022H (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.15	24.40	Pfizer Australia Pty Ltd [PF]

▪ ATROPINE SULFATE

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.

atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules

1089H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	23.15	24.40	Pfizer Australia Pty Ltd [PF]

PROPULSIVES

Propulsives

▪ DOMPERIDONE

domperidone 10 mg tablet, 25

1347X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	13.22	14.47	Motilium [JC]

▪ METOCLOPRAMIDE

metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

1206L (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	17.19	18.44	Maxolon [IL]

metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

5153F (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	17.19	18.44	Maxolon [IL]

metoclopramide hydrochloride 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1207M NP MW	1	..	..	12.61	13.86	[a] APO-Metoclopramide [TX] [a] Metoclopramide AN [EA]	[a] EMEXLON [RW] [a] Pramin [AF]
			[B]1.91	14.52	13.86	[a] Maxolon [IL]	

metoclopramide hydrochloride 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5151D DP	1	..	..	12.61	13.86	[a] APO-Metoclopramide [TX] [a] Metoclopramide AN [EA]	[a] EMEXLON [RW] [a] Pramin [AF]
			[B]1.91	14.52	13.86	[a] Maxolon [IL]	

ANTIEMETICS AND ANTINAUSEANTS

ANTIEMETICS AND ANTINAUSEANTS

Serotonin (5HT3) 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 3 mg/3 mL injection, 3 mL ampoule

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8729K NP	1	..	..	13.54	14.79	[a] Granisetron-AFT [AE] [a] Kytril [IX]	[a] Granisetron Kabi [PK]

GRANISETRON

Authority required (STREAMLINED)

4092

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy.

granisetron 3 mg/3 mL injection, 3 mL ampoule

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8730L NP	1	..	..	13.54	14.79	[a] Granisetron-AFT [AE] [a] Kytril [IX]	[a] Granisetron Kabi [PK]

GRANISETRON

Authority required (STREAMLINED)

4102

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy.

granisetron 2 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8873B NP	1	1	..	56.05	40.30	Kytril [IX]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8728J NP	2	..	..	*29.31	30.56	Kytril [IX]

NETUPITANT + PALONOSETRON

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 This medicine is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.

Authority required (STREAMLINED)

5991
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 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 300 mg netupitant/0.5 mg palonosetron fixed dose combination will be authorised per cycle of cytotoxic chemotherapy.
Authority required (STREAMLINED)

5994
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 dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

No more than 1 capsule of 300 mg netupitant/0.5 mg palonosetron fixed dose combination will be authorised per cycle of cytotoxic chemotherapy.
Authority required (STREAMLINED)

6937
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 dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

No more than 1 capsule of 300 mg netupitant/0.5 mg palonosetron fixed dose combination will be authorised per cycle of cytotoxic chemotherapy.
Authority required (STREAMLINED)

6879
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 dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

No more than 1 capsule of 300 mg netupitant/0.5 mg palonosetron fixed dose combination will be authorised per cycle of cytotoxic chemotherapy.

netupitant 300 mg + palonosetron 500 microgram capsule, 1

10731T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	115.95	40.30	Akynzeo [MF]

▪ ONDANSETRON

Authority required (STREAMLINED)

4102
Nausea and vomiting
Clinical criteria:
- The condition must be associated with radiotherapy being used to treat malignancy.

ondansetron 4 mg/5 mL oral liquid, 50 mL

8233H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	98.33	40.30	Zofran syrup 50 mL [AS]

ondansetron 4 mg tablet, 10

1594X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	20.65	21.90	[a] APO-Ondansetron [TX]	[a] Ondansetron AN [EA]
					[a] Ondansetron APOTEX [GX]	[a] Ondansetron-DRLA [RZ]
					[a] Ondansetron Mylan Tablets [AF]	[a] Ondansetron SZ [HX]
					[a] Onsetron 4 [ZP]	[a] Zofran [AS]

ondansetron 8 mg tablet, 10

1595Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	25.87	27.12	[a] APO-Ondansetron [TX]	[a] Ondansetron AN [EA]
					[a] Ondansetron APOTEX [GX]	[a] Ondansetron-DRLA [RZ]
					[a] Ondansetron Mylan Tablets [AF]	[a] Ondansetron SZ [HX]
					[a] Onsetron 8 [ZP]	[a] Zofran [AS]

▪ ONDANSETRON

Authority required (STREAMLINED)

4092

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy.

ondansetron 4 mg/2 mL injection, 2 mL ampoule

1596B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	11.82	13.07	[a] Ondansetron Alphapharm [AF]	[a] Onsetron [ZP]

ondansetron 8 mg/4 mL injection, 4 mL ampoule

1597C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	12.03	13.28	[a] Ondansetron Alphapharm [AF]	[a] Onsetron [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 tablet, 4

8224W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.15	16.40	[a] APO-Ondansetron [TX]	[a] Ondansetron AN [EA]
					[a] Ondansetron APOTEX [GX]	[a] Ondansetron-DRLA [RZ]
					[a] Ondansetron Mylan Tablets [AF]	[a] Ondansetron SZ [HX]
					[a] Onsetron 4 [ZP]	[a] Zofran [AS]

ondansetron 8 mg tablet, 4

8225X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.23	18.48	[a] APO-Ondansetron [TX]	[a] Ondansetron AN [EA]
					[a] Ondansetron APOTEX [GX]	[a] Ondansetron-DRLA [RZ]
					[a] Ondansetron Mylan Tablets [AF]	[a] Ondansetron SZ [HX]
					[a] Onsetron 8 [ZP]	[a] Zofran [AS]

▪ 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, 2 mL ampoule

8226Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	11.82	13.07	[a] Ondansetron Alphapharm [AF]	[a] Onsetron [ZP]

ondansetron 8 mg/4 mL injection, 4 mL ampoule

8227B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	12.03	13.28	[a] Ondansetron Alphapharm [AF]	[a] Onsetron [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/5 mL oral liquid, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9441X NP	‡1	..	..	98.33	40.30	Zofran syrup 50 mL [AS]

▪ 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 4 mg orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5470X NP	1	..	..	15.15	16.40	[a] Ondansetron AN ODT [EA] [a] Ondansetron ODT-DRLA [RZ] [a] Ondansetron SZ ODT [HX]	[a] Ondansetron Mylan ODT [AF] [a] Ondansetron ODT GH [GQ]

ondansetron 8 mg orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5471Y NP	1	..	..	17.23	18.48	[a] Ondansetron AN ODT [EA] [a] Ondansetron ODT-DRLA [RZ] [a] Ondansetron SZ ODT [HX]	[a] Ondansetron Mylan ODT [AF] [a] Ondansetron ODT GH [GQ]

ondansetron 4 mg wafer, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8410P NP	1	..	[B]2.45	17.60	16.40	[a] Zofran Zydis [AS]

ondansetron 8 mg wafer, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8411Q NP	1	..	[B]2.45	19.68	18.48	[a] Zofran Zydis [AS]

▪ 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.

Authority required (STREAMLINED)

5777

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy.

ondansetron 4 mg orally disintegrating tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5472B NP	1	1	..	20.65	21.90	[a] Ondansetron AN ODT [EA] [a] Ondansetron ODT-DRLA [RZ] [a] Ondansetron SZ ODT [HX]	[a] Ondansetron Mylan ODT [AF] [a] Ondansetron ODT GH [GQ] [a] Zilfojim ODT 4 [DO]

ondansetron 8 mg orally disintegrating tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5473C NP	1	1	..	25.87	27.12	[a] Ondansetron AN ODT [EA] [a] Ondansetron ODT-DRLA [RZ] [a] Ondansetron SZ ODT [HX]	[a] Ondansetron Mylan ODT [AF] [a] Ondansetron ODT GH [GQ] [a] Zilfojim ODT 8 [DO]

ondansetron 4 mg wafer, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8412R NP	1	1	[B]2.45	23.10	21.90	[a] Zofran Zydis [AS]

ondansetron 8 mg wafer, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8413T NP	1	1	[B]2.45	28.32	27.12	[a] 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-HT3 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, 5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5295Q NP	1	..	..	46.57	40.30	Aloxi [MF]

▪ 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, 5 mL ampoule

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2746M NP	1	..	..	16.39	17.64	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)

4211

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 (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.

Authority required (STREAMLINED)

4215

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)

6444

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; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.

Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.

Authority required (STREAMLINED)

6370

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 (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy.

Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.

aprepitant 165 mg capsule, 1

2518M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	105.50	40.30	Emend [MK]

▪ FOSAPREPITANT

Note This medicine 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)

6886

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 (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.

Authority required (STREAMLINED)

6891

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 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.

Authority required (STREAMLINED)

6887

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; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.

Concomitant use of a 5HT3 antagonist should not occur with fosaprepitant on days 2 and 3 of any chemotherapy cycle.

Authority required (STREAMLINED)

6852

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 (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

No more than 1 vial of fosaprepitant 150 mg injection will be authorised per cycle of cytotoxic chemotherapy.

Concomitant use of a 5HT3 antagonist should not occur with fosaprepitant on days 2 and 3 of any chemotherapy cycle.

fosaprepitant 150 mg injection, 1 vial

11107N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	115.95	40.30	Emend IV [MK]

▪ PROCHLORPERAZINE

Caution Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.

prochlorperazine mesilate 12.5 mg/mL injection, 10 x 1 mL ampoules

5206B (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.16	22.41	Stemetil [SW]

prochlorperazine maleate 5 mg tablet, 25

5205Y (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	12.45	13.70	[a] APO-Prochlorperazine [TX] [a] Prochlorperazine AN [EA] [a] Stemzine [AV]	[a] ProCalm [RW] [a] Prochlorperazine GH [GQ]
		[B]3.00	15.45	13.70	[a] Stemetil [SW]	

▪ PROCHLORPERAZINE

Caution Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.

Note As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However, authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted for the treatment of emesis associated with malignant disease.

prochlorperazine mesilate 12.5 mg/mL injection, 10 x 1 mL ampoules

2369Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.16	22.41	Stemetil [SW]

prochlorperazine maleate 5 mg tablet, 25

2893G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	12.45	13.70	[a] APO-Prochlorperazine [TX] [a] Prochlorperazine AN [EA] [a] Stemzine [AV]	[a] ProCalm [RW] [a] Prochlorperazine GH [GQ]
		[B]3.00	15.45	13.70	[a] Stemetil [SW]	

▪ PROMETHAZINE

promethazine hydrochloride 50 mg/2 mL injection, 5 x 2 mL ampoules

3374N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*35.07	36.32	Hospira Pty Limited [PF]

▪ BILE AND LIVER THERAPY

BILE THERAPY

Bile acids and derivatives

▪ URSODEOXYCHOLIC ACID

Note Not for use in the treatment of sclerosing cholangitis or cholelithiasis.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

9032

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

ursodeoxycholic acid 500 mg tablet, 100

11180K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	288.96	40.30	Ursofalk [OA]

ursodeoxycholic acid 250 mg capsule, 100

8448P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*221.35	40.30	[a] APO-Ursodeoxycholic acid [TX] [a] Ursofalk [OA]	[a] Ursodox GH [GQ] [a] Ursosan [BZ]

▪ DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Contact laxatives

▪ BISACODYL

Restricted benefit

Constipation

Clinical criteria:

- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit
Constipation
Clinical criteria:
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit
Constipation
Clinical criteria:
- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit
Constipation
Clinical criteria:
- Patient must be receiving palliative care.

Restricted benefit
Terminal malignant neoplasia

Restricted benefit
Anorectal congenital abnormalities

Restricted benefit
Megacolon

bisacodyl 5 mg enteric tablet, 200

1259G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	17.47	18.72	Lax-Tab [AE]

NP

▪ BISACODYL

Restricted benefit
Constipation
Clinical criteria:
- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit
Constipation
Clinical criteria:
- Patient must be receiving palliative care.

Restricted benefit
Constipation
Clinical criteria:
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Population criteria:
- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit
Constipation
Clinical criteria:
- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Population criteria:
- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit
Terminal malignant neoplasia
Population criteria:
- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit
Anorectal congenital abnormalities
Population criteria:
- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit
Megacolon
Population criteria:
- Patient must identify as Aboriginal or Torres Strait Islander.

bisacodyl 10 mg suppository, 10

1260H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*24.10	25.35	[a] Petrus Bisacodyl Suppositories [PP]
		[B]1.29	*25.39	25.35	[a] Dulcolax [VZ]

NP

bisacodyl 10 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1258F NP	3	4	..	*21.82	23.07	Petrus Bisacodyl Suppositories [PP]

Bulk-forming laxatives

▪ RHAMNUS FRANGULA + STERCULIA

Restricted benefit

Constipation

Clinical criteria:

- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

rhamnus frangula 80 mg/g + sterculia 620 mg/g granules, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1104D NP	‡1	1	..	25.58	26.83	Normacol Plus [NE]

Osmotically acting laxatives

▪ MACROGOL-3350

Note Pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 510 g and pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets are equivalent for the purposes of substitution.

Restricted benefit

Constipation

Clinical criteria:

- Patient must have malignant neoplasia.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function, **AND**
- The condition must be unresponsive to other oral therapies.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Chronic constipation

Clinical criteria:

- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

Restricted benefit

Faecal impaction

Clinical criteria:

- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2373X NP	‡1	5	..	19.05	20.30	[a] Herron ClearLax [ON]

macrogol-3350 1 g/g powder for oral liquid, 510 g

3416T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	19.05	20.30	[a] OsmoLax [KY]

NP

▪ MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE

Restricted benefit

Constipation

Clinical criteria:

- Patient must have malignant neoplasia.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function, **AND**
- The condition must be unresponsive to other oral therapies.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Chronic constipation

Clinical criteria:

- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

Restricted benefit

Faecal impaction

Clinical criteria:

- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

macrogol-3350 13.125 g/25 mL + sodium chloride 350.7 mg/25 mL + sodium bicarbonate 178.5 mg/25 mL + potassium chloride 46.6 mg/25 mL oral liquid, 500 mL

10126Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*21.57	22.82	Movicol Liquid [NE]

NP

macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

8612G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	19.05	20.30	[a] APO-MACROGOL plus ELECTROLYTES [TX] [a] LaxaCon [EA] [a] Macrovic [RF] [a] Movicol [NE]	[a] Chemists' Own Macrogol with Electrolytes [RW] [a] lax-sachets [AE] [a] Molaxole [GO]

NP

Enemas

▪ BISACODYL

Restricted benefit

Constipation

Clinical criteria:

- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

bisacodyl 10 mg/5 mL enema, 25 x 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1263L NP	‡1	2	..	38.89	40.14	Bisalax [AS]

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

Constipation

Clinical criteria:

- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 12 x 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2091C NP	2	2	..	*29.75	31.00	Micolette [AE]

▪ ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

INTESTINAL ANTIINFECTIVES

Antibiotics

▪ NYSTATIN

nystatin 500 000 units capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1699K NP	1	..	..	20.65	21.90	Nilstat [QA]

nystatin 500 000 units capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3345C DP	1	..	..	20.65	21.90	Nilstat [QA]

nystatin 500 000 units tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1696G NP	1	..	..	20.65	21.90	Nilstat [QA]

nystatin 500 000 units tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3342X DP	1	..	..	20.65	21.90	Nilstat [QA]

▪ RIFAXIMIN

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

Prevention of hepatic encephalopathy

Treatment criteria:

- Must be treated by a gastroenterologist or hepatologist or in consultation with a gastroenterologist or hepatologist.

Clinical criteria:

- The treatment must be in combination with lactulose, if lactulose is tolerated, **AND**

- Patient must have had prior episodes of hepatic encephalopathy.

rifaximin 550 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10001J	1	5	..	466.87	40.30	Xifaxan [NE]

▪ VANCOMYCIN

Note Metronidazole has similar efficacy to vancomycin but may have less selective pressure to vancomycin resistant enterococci and is therefore the preferred treatment.

Authority required

Antibiotic associated pseudomembranous colitis

Clinical criteria:

- The condition must be due to **Clostridium difficile**, **AND**
- The condition must be unresponsive to metronidazole.

Authority required

Antibiotic associated pseudomembranous colitis

Clinical criteria:

- The condition must be due to **Clostridium difficile**, **AND**
- Patient must have an intolerance to metronidazole.

vancomycin 125 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3113W	2	..	..	*220.29	40.30	Vancocin [AS]

vancomycin 250 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3114X	2	..	..	*435.35	40.30	Vancocin [AS]

ELECTROLYTES WITH CARBOHYDRATES

Oral rehydration salt formulations

▪ SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE MONOHYDRATE + CITRIC ACID

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

sodium chloride 470 mg + potassium chloride 300 mg + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3196F NP	‡1	..	..	16.29	17.54	[a] O.R.S. [AS]	[a] restore O.R.S. [EA]

▪ SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE MONOHYDRATE + CITRIC ACID

Authority required

Rehydration in intestinal failure

sodium chloride 470 mg + potassium chloride 300 mg + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11049M	30	..	..	*155.89	40.30	restore O.R.S. [EA]

ANTIPROPULSIVES

Antipropulsives

▪ DIPHENOXYLATE + ATROPINE SULFATE

diphenoxylate hydrochloride 2.5 mg + atropine sulfate monohydrate 25 microgram tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2501P NP	1	..	..	13.26	14.51	[a] Lofenoxal [IL]
			[B]1.51	14.77	14.51	[a] Lomotil [IM]

▪ LOPERAMIDE

Authority required (STREAMLINED)

6364

Diarrhoea

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

loperamide hydrochloride 2 mg capsule, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1571Q NP	1	..	..	12.97	14.22	[a] Gastrex [CR]	[a] Gastro-Stop [AS]

▪ LOPERAMIDE

Authority required

Diarrhoea

loperamide hydrochloride 2 mg capsule, 12

10889D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	..	..	*18.94	20.19	[a] Gastrex [CR]	[a] Gastro-Stop [AS]

INTESTINAL ANTIINFLAMMATORY AGENTS

Corticosteroids acting locally

▪ BUDESONIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

budesonide 2 mg/application enema, 2 x 14 applications

10034D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	163.29	40.30	Budenofalk [OA]

▪ HYDROCORTISONE ACETATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Proctitis

Restricted benefit

Ulcerative colitis

hydrocortisone acetate 10% enema, 21.1 g

1502C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*41.07	40.30	Colifoam [GO]

▪ PREDNISOLONE SODIUM PHOSPHATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

prednisolone (as sodium phosphate) 20 mg/100 mL enema, 7 x 100 mL

1920C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	3	..	*198.63	40.30	Predsol [QA]

▪ PREDNISOLONE SODIUM PHOSPHATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Proctitis

Restricted benefit

Ulcerative colitis

prednisolone (as sodium phosphate) 5 mg suppository, 10

2554K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*42.25	40.30	Predsol [QA]

Aminosalicylic acid and similar agents

▪ BALSALAZIDE

Note Not for the treatment of Crohn disease

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7621

Ulcerative colitis

Clinical criteria:

- Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR
- Patient must be intolerant to sulfasalazine.

balsalazide sodium 750 mg capsule, 280

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11351K NP	1	5	..	154.66	40.30	Colazide [PK]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4824

Ulcerative colitis

Clinical criteria:

- Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR
- Patient must be intolerant to sulfasalazine.

mesalazine 4 g modified release granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10254Q NP	1	5	..	247.19	40.30	Pentasa [FP]

mesalazine 3 g modified release granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10257W NP	1	5	..	190.59	40.30	Salofalk [OA]

mesalazine 800 mg enteric tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11210B NP	2	5	..	*295.65	40.30	Asacol [EU]

mesalazine 1 g modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8599N NP	1	5	..	219.73	40.30	Salofalk [OA]

mesalazine 1.5 g modified release granules, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9206M NP	1	5	..	190.59	40.30	Salofalk [OA]

mesalazine 500 mg modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8598M NP	2	5	..	*234.69	40.30	Salofalk [OA]

mesalazine 1.2 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9353G NP	2	5	..	*335.69	40.30	Mezavant [ZI]

▪ MESALAZINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4873

Ulcerative colitis

Clinical criteria:

- Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR
- Patient must be intolerant to sulfasalazine.

Authority required (STREAMLINED)

4896

Crohn disease

Clinical criteria:

- Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR
- Patient must be intolerant to sulfasalazine.

mesalazine 1 g enteric tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11554D NP	2	5	..	*247.21	40.30	Salofalk [OA]

mesalazine 1 g modified release granules, 120 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2234N NP	1	5	..	262.64	40.30	Pentasa [FP]

mesalazine 2 g modified release granules, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2287J NP	1	5	..	247.19	40.30	Pentasa [FP]

mesalazine 1 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3413P NP	2	5	..	*262.65	40.30	Pentasa [FP]

mesalazine 250 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1611T NP	1	5	..	75.73	40.30	Mesasal [AS]

mesalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8731M NP	2	5	..	*234.69	40.30	Salofalk [OA]

mesalazine 500 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2214M NP	2	5	..	*234.69	40.30	Pentasa [FP]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

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 Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Acute episode of mild to moderate ulcerative proctitis

mesalazine 1 g suppository, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5461K NP	1	1	..	107.45	40.30	Salofalk [OA]

mesalazine 1 g suppository, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8752P NP	1	1	..	107.45	40.30	Pentasa [FP]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

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 Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4888

Acute episode of mild to moderate ulcerative colitis

mesalazine 1 g/100 mL enema, 7 x 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8753Q NP	4	1	..	*267.31	40.30	Pentasa [FP]

mesalazine 2 g/60 mL enema, 7 x 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8616L NP	4	1	..	*267.31	40.30	Salofalk [OA]

mesalazine 4 g/60 mL enema, 7 x 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8617M NP	4	1	..	*359.51	40.30	Salofalk [OA]

mesalazine 1 g/application enema, 14 applications

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8768L NP	4	1	..	*267.31	40.30	Salofalk [OA]

▪ OLSALAZINE

Note Not for the treatment of Crohn disease

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4824

Ulcerative colitis

Clinical criteria:

- Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR
- Patient must be intolerant to sulfasalazine.

olsalazine sodium 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1728Y NP	1	5	..	52.09	40.30	Dipentum [IX]

olsalazine sodium 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8086N NP	1	5	..	83.01	40.30	Dipentum [IX]

▪ SULFASALAZINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

sulfasalazine 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2093E NP	2	5	..	*50.85	40.30	Salazopyrin [PF]

sulfasalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2096H NP	2	5	..	*54.83	40.30	[a] Pyralin EN [FZ]
			[B]4.00	*58.83	40.30	[a] Salazopyrin-EN [PF]

▪ SULFASALAZINE

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

sulfasalazine 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9208P	2	11	..	*50.85	40.30	Salazopyrin [PF]

sulfasalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9209Q	2	11	..	*54.83	40.30	[a] Pyralin EN [FZ]
			[B]4.00	*58.83	40.30	[a] Salazopyrin-EN [PF]

▪ DIGESTIVES, INCL. ENZYMES

DIGESTIVES, INCL. ENZYMES

Enzyme preparations

▪ PANCREATIC EXTRACT

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

pancreatic extract 10 000 units modified release capsule, 100

8020D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	10	..	*142.39	40.30	Creon 10,000 [GO]

pancreatic extract 25 000 units modified release capsule, 100

8021E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	10	..	*115.85	40.30	Creon 25,000 [GO]

pancreatic extract 40 000 units modified release capsule, 100

9412J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	10	..	*178.43	40.30	Creon 40,000 [GO]

pancreatic extract 5000 units/100 mg enteric coated granules, 20 g

5453B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	10	..	*111.43	40.30	Creon Micro [GO]

▪ PANCREATIC EXTRACT

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.

Restricted benefit

Cystic fibrosis

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

pancreatic extract 10 000 units modified release capsule, 100

9226N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	21	..	*142.39	40.30	Creon 10,000 [GO]

pancreatic extract 25 000 units modified release capsule, 100

9227P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	21	..	*115.85	40.30	Creon 25,000 [GO]

pancreatic extract 40 000 units modified release capsule, 100

9413K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	21	..	*178.43	40.30	Creon 40,000 [GO]

pancreatic extract 5000 units/100 mg enteric coated granules, 20 g

5454C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	21	..	*111.43	40.30	Creon Micro [GO]

▪ PANCRELIPASE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

pancrelipase 25 000 units capsule, 100

8366H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	10	..	*108.55	40.30	Panzytrat 25000 [TM]

▪ PANCRELIPASE

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.

Restricted benefit

Cystic fibrosis

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

pancrelipase 25 000 units capsule, 100

9229R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	21	..	*108.55	40.30	Panzytrat 25000 [TM]

DRUGS USED IN DIABETES

INSULINS AND ANALOGUES

Insulins and analogues for injection, fast-acting

INSULIN ASPART

insulin aspart 100 units/mL fast acting injection, 1 x 10 mL vial

11705C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	2	..	*124.39	40.30	Fiasp [NO]

insulin aspart 100 units/mL fast acting injection, 5 x 3 mL pen devices

11706D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*206.74	40.30	Fiasp FlexTouch [NO]

insulin aspart 100 units/mL injection, 1 x 10 mL vial

8571D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	2	..	*124.39	40.30	NovoRapid [NO]

insulin aspart 100 units/mL injection, 5 x 3 mL cartridges

8435Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	1	..	*206.74	40.30	NovoRapid FlexPen [NF]	NovoRapid Penfill 3 mL [NO]

INSULIN GLULISINE

insulin glulisine 100 units/mL injection, 1 x 10 mL vial

9224L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	2	..	*130.29	40.30	Apidra [SW]

insulin glulisine 100 units/mL injection, 5 x 3 mL cartridges

1921D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	1	..	*217.39	40.30	Apidra [AV]	Apidra SoloStar [SW]

INSULIN LISPRO

insulin lispro 200 units/mL injection, 5 x 3 mL pen devices

11645X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*408.34	40.30	Humalog U200 Kwikpen [LY]

insulin lispro 100 units/mL injection, 1 x 10 mL vial

8084L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	2	..	*124.39	40.30	Humalog [LY]

insulin lispro 100 units/mL injection, 5 x 3 mL cartridges

8212F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	1	..	*206.74	40.30	Humalog [LY]	Humalog KwikPen [KP]

INSULIN NEUTRAL BOVINE

Authority required

Diabetes mellitus

Clinical criteria:

- Patient must be intolerant to human insulin.

insulin neutral bovine 100 units/mL injection, 1 x 10 mL vial

1713E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	2	..	*338.19	40.30	Hypurin Neutral [AS]

INSULIN NEUTRAL HUMAN

insulin neutral human 100 units/mL injection, 5 x 3 mL cartridges

1762R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	1	..	*173.84	40.30	Actrapid Penfill 3 mL [NO]	Humulin R [LY]

insulin neutral human 100 units/mL injection, 1 x 10 mL vial

1531N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	2	..	*105.54	40.30	Actrapid [NO]	Humulin R [LY]

Insulins and analogues for injection, intermediate-acting

▪ INSULIN ISOPHANE BOVINE

Authority required

Diabetes mellitus

Clinical criteria:

- Patient must be intolerant to human insulin.

insulin isophane bovine 100 units/mL injection, 1 x 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1711C NP	5	2	..	*338.19	40.30	Hypurin Isophane [AS]

▪ INSULIN ISOPHANE HUMAN

insulin isophane human 100 units/mL injection, 1 x 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1533Q NP	5	2	..	*105.54	40.30	Humulin NPH [LY]	Protaphane [NO]

insulin isophane human 100 units/mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1761Q NP	5	1	..	*173.84	40.30	Humulin NPH [LY] Protaphane Penfill 3 mL [NO]	Protaphane InnoLet [NI]

Insulins and analogues for injection, intermediate- or long-acting combined with fast-acting

▪ INSULIN ASPART + INSULIN ASPART PROTAMINE

insulin aspart 30 units/mL + insulin aspart protamine 70 units/mL injection, 5 x 3 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8609D NP	5	1	..	*206.74	40.30	NovoMix 30 FlexPen [NF]	NovoMix 30 Penfill 3 mL [NO]

▪ INSULIN DEGLUDEC + INSULIN ASPART

Note Special Pricing Arrangements apply.

insulin degludec 70 units/mL + insulin aspart 30 units/mL injection, 5 x 3 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11417X NP	5	1	..	*372.39	40.30	Ryzodeg Flextouch [NO]

insulin degludec 70 units/mL + insulin aspart 30 units/mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11426J NP	5	1	..	*372.39	40.30	Ryzodeg Penfill [NO]

▪ INSULIN ISOPHANE HUMAN + INSULIN NEUTRAL HUMAN

insulin neutral human 30 units/mL + insulin isophane human 70 units/mL injection, 1 x 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1426C NP	5	2	..	*105.54	40.30	Humulin 30/70 [LY]

insulin isophane human 70 units/mL + insulin neutral human 30 units/mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1763T NP	5	1	..	*173.84	40.30	Humulin 30/70 [LY] Mixtard 30/70 Penfill 3 mL [NO]	Mixtard 30/70 InnoLet [NI]

insulin neutral human 50 units/mL + insulin isophane human 50 units/mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2062M NP	5	1	..	*181.79	40.30	Mixtard 50/50 Penfill 3 mL [NO]

▪ INSULIN LISPRO + INSULIN LISPRO PROTAMINE

insulin lispro 25 units/mL + insulin lispro protamine 75 units/mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8390N NP	5	1	..	*206.74	40.30	Humalog Mix25 [LY]	Humalog Mix25 KwikPen [KP]

insulin lispro 50 units/mL + insulin lispro protamine 50 units/mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8874C NP	5	1	..	*206.74	40.30	Humalog Mix50 [LY]	Humalog Mix50 KwikPen [KP]

Insulins and analogues for injection, long-acting

▪ INSULIN DETEMIR

Note Special Pricing Arrangements apply.

Restricted benefit

Type 1 diabetes

insulin detemir 100 units/mL injection, 5 x 3 mL cartridges

9040T

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	5	1	..	*347.99	40.30	Levemir FlexPen [NF]	Levemir Penfill [NO]

▪ INSULIN GLARGINE

insulin glargine 100 units/mL injection, 5 x 3 mL cartridges

9039R

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	5	1	..	*240.44	40.30	Lantus [SW]	Lantus SoloStar [AV]

▪ INSULIN GLARGINE

Note Special Pricing Arrangements apply.

insulin glargine 300 units/mL injection, 3 x 1.5 mL pen devices

11308E

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	..	*330.44	40.30	Toujeo Solostar [SW]

insulin glargine 300 units/mL injection, 5 x 1.5 mL pen devices

11302W

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	5	1	..	*547.19	40.30	Toujeo Solostar [SW]

BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINS

Biguanides

▪ METFORMIN

metformin hydrochloride 1 g tablet, 90

8607B

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.17	17.42	[a] APO-Metformin 1000 [TX]	[a] Chem mart Metformin 1000 [CH]
						[a] Diaformin 1000 [AF]	[a] Formet 1000 [RW]
						[a] Glucobete 1000 [DO]	[a] Metformin AN [EA]
						[a] Metformin generichealth 1000 [GQ]	[a] Metformin GH [HQ]
						[a] Metformin Sandoz [SZ]	[a] Sandoz Metformin [HX]
						[a] Terry White Chemists Metformin 1000 [TW]	
			[B]4.95	21.12	17.42	[a] Diabex 1000 [AL]	

metformin hydrochloride 1 g modified release tablet, 60

3439B

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.79	17.04	[a] APO-Metformin XR 1000 [TX]	[a] Blooms the Chemist Metformin XR 1000 [IB]
						[a] Chem mart Metformin XR 1000 [CH]	[a] Diaformin XR 1000 [AF]
						[a] METEX XR [RF]	[a] METEX XR 1000 [RW]
						[a] Terry White Chemists Metformin XR 1000 [TW]	
			[B]4.95	20.74	17.04	[a] Diabex XR 1000 [AL]	

metformin hydrochloride 500 mg tablet, 100

2430X

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.17	15.42	[a] APO-Metformin 500 [TX]	[a] Chem mart Metformin [CH]
						[a] Diaformin [AF]	[a] FORMET 500 [RF]
						[a] Glucobete 500 [DO]	[a] Metformin AN [EA]
						[a] Metformin generichealth [GQ]	[a] Metformin Sandoz [SZ]
						[a] Terry White Chemists Metformin [TW]	
			[B]4.95	19.12	15.42	[a] Diabex [AL]	

metformin hydrochloride 500 mg modified release tablet, 120

9435N

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.79	17.04	[a] APO-Metformin XR 500 [TX]	[a] Blooms the Chemist Metformin XR 500 [IB]
						[a] Chem mart Metformin XR 500 [CH]	[a] Diaformin XR [AF]
						[a] Metex XR [RW]	[a] Metformin XR 500 APOTEX [GX]
						[a] Terry White Chemists Metformin XR 500 [TW]	

			[B]4.95	20.74	17.04	[a] Diabex XR [AL]	

metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1801T							
NP	1	5	..	14.17	15.42	[a] APO-Metformin 850 [TX] [a] Diaformin 850 [AF] [a] Glucobete 850 [DO] [a] Metformin Sandoz [SZ]	[a] Chem mart Metformin [CH] [a] FORMET 850 [RF] [a] Metformin AN [EA] [a] Terry White Chemists Metformin [TW]
			[B]4.95	19.12	15.42	[a] Diabex 850 [AL]	

Sulfonylureas

▪ GLIBENCLAMIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glibenclamide 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2939Q						
NP	1	5	..	15.80	17.05	Daonil [SW]

▪ GLICLAZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

gliclazide 30 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8535F							
NP	1	5	..	17.51	18.76	[a] APO-Gliclazide MR [TX]	[a] Glyade MR [AF]

gliclazide 60 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9302N						
NP	1	5	..	18.72	19.97	[a] ARDIX GLICLAZIDE 60mg MR [RX]
			[B]7.62	26.34	19.97	[a] Diamicron 60mg MR [SE]

gliclazide 80 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2449X							
NP	1	5	..	17.34	18.59	[a] APO-Gliclazide [TX] [a] Glyade [AF]	[a] GenRx Gliclazide [GX] [a] Nidem [RW]

▪ GLIMEPIRIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glimepiride 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8452W							
NP	1	5	..	14.38	15.63	[a] APO-Glimepiride [TX] [a] Diapride 4 [RW] [a] Glimepiride AN [EA] [a] Glimepiride Sandoz [SZ]	[a] Aylide 4 [AF] [a] Dimirel [AV] [a] Glimepiride APOTEX [GX]
			[B]2.19	16.57	15.63	[a] Amaryl [SW]	

glimepiride 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8450R							
NP	1	5	..	12.45	13.70	[a] APO-Glimepiride [TX] [a] Diapride 1 [RW] [a] Glimepiride AN [EA] [a] Glimepiride Sandoz [SZ]	[a] Aylide 1 [AF] [a] Dimirel [AV] [a] Glimepiride APOTEX [GX]
			[B]2.23	14.68	13.70	[a] Amaryl [SW]	

glimepiride 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8451T							
NP	1	5	..	13.33	14.58	[a] APO-Glimepiride [TX] [a] Diapride 2 [RW] [a] Glimepiride AN [EA] [a] Glimepiride Sandoz [SZ]	[a] Aylide 2 [AF] [a] Dimirel [AV] [a] Glimepiride APOTEX [GX]
			[B]2.18	15.51	14.58	[a] Amaryl [SW]	

glimepiride 3 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8533D							
NP	1	5	..	13.83	15.08	[a] APO-Glimepiride [TX] [a] Diapride 3 [RW] [a] Glimepiride AN [EA] [a] Glimepiride Sandoz [SZ]	[a] Aylide 3 [AF] [a] Dimirel [AV] [a] Glimepiride APOTEX [GX]
			[B]2.19	16.02	15.08	[a] Amaryl [SW]	

▪ GLIPIZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glipizide 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2440K NP	1	5	..	23.27	24.52	[a] Melizide [AF]	[a] Minidiab [PF]

Combinations of oral blood glucose lowering drugs

▪ ALOGLIPTIN + METFORMIN

Note This fixed dose combination tablet is not PBS-subsidised for use in combination with a sulfonylurea (triple oral therapy), as initial therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

Authority required (STREAMLINED)

4423

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Authority required (STREAMLINED)

4427

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and alogliptin.

alogliptin 12.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10035E NP	1	5	..	59.68	40.30	Nesina Met 12.5/1000 [TK]

alogliptin 12.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10033C NP	1	5	..	58.27	40.30	Nesina Met 12.5/500 [TK]

alogliptin 12.5 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10032B NP	1	5	..	59.27	40.30	Nesina Met 12.5/850 [TK]

▪ DAPAGLIFLOZIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another SGLT2 inhibitor.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7498

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and a gliptin for this condition; OR

- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

dapagliflozin 5 mg + metformin hydrochloride 1 g modified release tablet, 56

11300R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.22	40.30	Xigduo XR 5/1000 [AP]

dapagliflozin 10 mg + metformin hydrochloride 1 g modified release tablet, 28

11313K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.81	40.30	Xigduo XR 10/1000 [AP]

dapagliflozin 10 mg + metformin hydrochloride 500 mg modified release tablet, 28

11270E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.06	40.30	Xigduo XR 10/500 [AP]

▪ DAPAGLIFLOZIN + METFORMIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5631

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5739

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and dapagliflozin.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5798

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**

- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

5657

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7492

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another SGLT2 inhibitor.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

dapagliflozin 5 mg + metformin hydrochloride 1 g modified release tablet, 56

10510E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.22	40.30	Xigduo XR 5/1000 [AP]

dapagliflozin 10 mg + metformin hydrochloride 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10515K NP	1	5	..	57.81	40.30	Xigduo XR 10/1000 [AP]

dapagliflozin 10 mg + metformin hydrochloride 500 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10516L NP	1	5	..	57.06	40.30	Xigduo XR 10/500 [AP]

▪ EMPAGLIFLOZIN + LINAGLIPTIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Authority required (STREAMLINED)

7524

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a dipeptidyl peptidase 4 inhibitor (gliptin) or a sodium-glucose co-transporter 2 (SGLT2) inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

empagliflozin 10 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11269D	1	5	..	84.70	40.30	Glyxambi [BY]

empagliflozin 25 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11303X	1	5	..	84.70	40.30	Glyxambi [BY]

▪ EMPAGLIFLOZIN + LINAGLIPTIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7556

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

empagliflozin 10 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11310G NP	1	5	..	84.70	40.30	Glyxambi [BY]

empagliflozin 25 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11298P NP	1	5	..	84.70	40.30	Glyxambi [BY]

▪ EMPAGLIFLOZIN + METFORMIN

Authority required (STREAMLINED)

5953

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7498

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and a gliptin for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another SGLT2 inhibitor.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

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empagliflozin 5 mg + metformin hydrochloride 500 mg tablet, 60

10650M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	63.64	40.30	Jardiamet 5 mg/500 mg [BY]

empagliflozin 5 mg + metformin hydrochloride 1 g tablet, 60

10649L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	65.15	40.30	Jardiamet 5 mg/1000 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 500 mg tablet, 60

10639Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	63.64	40.30	Jardiamet 12.5 mg/500 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 1 g tablet, 60

10640B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	65.15	40.30	Jardiamet 12.5 mg/1000 mg [BY]

▪ EMPAGLIFLOZIN + METFORMIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5966

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and empagliflozin.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5798

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

5657

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7492

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another SGLT2 inhibitor.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

empagliflozin 5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10626G NP	1	5	..	63.64	40.30	Jardiamet 5 mg/500 mg [BY]

empagliflozin 5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10627H NP	1	5	..	65.15	40.30	Jardiamet 5 mg/1000 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10633P NP	1	5	..	63.64	40.30	Jardiamet 12.5 mg/500 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10677Y NP	1	5	..	65.15	40.30	Jardiamet 12.5 mg/1000 mg [BY]

▪ ERTUGLIFLOZIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), insulin, a glucagon-like peptide-1 analogue, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7498

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and a gliptin for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

ertugliflozin 2.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11584Q	1	5	..	60.17	40.30	Segluromet 2.5/500 [MK]

ertugliflozin 2.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11564P	1	5	..	61.57	40.30	Segluromet 2.5/1000 [MK]

ertugliflozin 7.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11562M	1	5	..	60.17	40.30	Segluromet 7.5/500 [MK]

ertugliflozin 7.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11569X	1	5	..	61.57	40.30	Segluromet 7.5/1000 [MK]

▪ ERTUGLIFLOZIN + METFORMIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5631

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1.

Authority required (STREAMLINED)

8249

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and ertugliflozin.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7492

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), insulin, a glucagon-like peptide-1 analogue, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

ertugliflozin 2.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11575F NP	1	5	..	60.17	40.30	Segluromet 2.5/500 [MK]

ertugliflozin 2.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11581M NP	1	5	..	61.57	40.30	Segluromet 2.5/1000 [MK]

ertugliflozin 7.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11568W NP	1	5	..	60.17	40.30	Segluromet 7.5/500 [MK]

ertugliflozin 7.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11563N NP	1	5	..	61.57	40.30	Segluromet 7.5/1000 [MK]

▪ ERTUGLIFLOZIN + SITAGLIPTIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Authority required (STREAMLINED)

7524

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a dipeptidyl peptidase 4 inhibitor (gliptin) or a sodium-glucose co-transporter 2 (SGLT2) inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

ertugliflozin 5 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11561L	1	5	..	76.48	40.30	Steglujan 5/100 [MK]

ertugliflozin 15 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11583P	1	5	..	76.48	40.30	Steglujan 15/100 [MK]

▪ ERTUGLIFLOZIN + SITAGLIPTIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7556

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

ertugliflozin 5 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11579K NP	1	5	..	76.48	40.30	Steglujan 5/100 [MK]

ertugliflozin 15 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11578J NP	1	5	..	76.48	40.30	Steglujan 15/100 [MK]

▪ LINAGLIPTIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7507

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and an SGLT2 inhibitor for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

11274J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	61.62	40.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

11294K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	62.69	40.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

11282T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	63.13	40.30	Trajentamet [BY]

▪ LINAGLIPTIN + METFORMIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6333

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6336

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and linagliptin.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6443

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7530

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10038H NP	1	5	..	61.62	40.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10045Q NP	1	5	..	62.69	40.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10044P NP	1	5	..	63.13	40.30	Trajentamet [BY]

▪ METFORMIN + GLIBENCLAMIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

metformin hydrochloride 250 mg + glibenclamide 1.25 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8838E NP	1	5	..	17.11	18.36	Glucovance 250mg/1.25mg [AL]

metformin hydrochloride 500 mg + glibenclamide 2.5 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8810Q NP	1	5	..	17.82	19.07	Glucovance 500mg/2.5mg [AL]

metformin hydrochloride 500 mg + glibenclamide 5 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8811R NP	1	5	..	18.81	20.06	Glucovance 500mg/5mg [AL]

▪ SAXAGLIPTIN + DAPAGLIFLOZIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Authority required (STREAMLINED)

7524

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a dipeptidyl peptidase 4 inhibitor (gliptin) or a sodium-glucose co-transporter 2 (SGLT2) inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

saxagliptin 5 mg + dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11286B	1	5	..	78.08	40.30	Qtern 5/10 [AP]

▪ SAXAGLIPTIN + DAPAGLIFLOZIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7556

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

saxagliptin 5 mg + dapagliflozin 10 mg tablet, 28

11305B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	78.08	40.30	Qtern 5/10 [AP]

▪ SAXAGLIPTIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7507

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and an SGLT2 inhibitor for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

11312J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.52	40.30	Kombiglyze XR 5/500 [AP]

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

11299Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	58.27	40.30	Kombiglyze XR 5/1000 [AP]

saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

11285Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.68	40.30	Kombiglyze XR 2.5/1000 [AP]

▪ SAXAGLIPTIN + METFORMIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6333

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6335

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and saxagliptin.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

7530

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

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saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

10055F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.52	40.30	Kombiglyze XR 5/500 [AP]

NP

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

10051B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	58.27	40.30	Kombiglyze XR 5/1000 [AP]

NP

saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10048W NP	1	5	..	59.68	40.30	Kombiglyze XR 2.5/1000 [AP]

▪ SITAGLIPTIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7507

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and an SGLT2 inhibitor for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11574E	1	5	..	55.15	40.30	Janumet [MK]

sitagliptin 100 mg + metformin hydrochloride 1 g tablet: modified release, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11566R	1	5	..	53.75	40.30	Janumet XR [MK]

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11586T	1	5	..	53.75	40.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11582N	1	5	..	54.75	40.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11580L	1	5	..	55.15	40.30	Janumet XR [MK]

▪ SITAGLIPTIN + METFORMIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6333

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6334

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and sitagliptin.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6443

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7530

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9451K NP	1	5	..	55.15	40.30	Janumet [MK]

sitagliptin 100 mg + metformin hydrochloride 1 g tablet: modified release, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10089B NP	1	5	..	53.75	40.30	Janumet XR [MK]

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9449H NP	1	5	..	53.75	40.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9450J NP	1	5	..	54.75	40.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10090C NP	1	5	..	55.15	40.30	Janumet XR [MK]

▪ VILDAGLIPTIN + METFORMIN

Note This fixed dose combination tablet is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6333

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Authority required (STREAMLINED)

6357

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and vildagliptin.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6443

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

vildagliptin 50 mg + metformin hydrochloride 1 g tablet, 60

5476F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.71	40.30	Galvumet 50/1000 [NV]

vildagliptin 50 mg + metformin hydrochloride 500 mg tablet, 60

5474D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.20	40.30	Galvumet 50/500 [NV]

vildagliptin 50 mg + metformin hydrochloride 850 mg tablet, 60

5475E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.27	40.30	Galvumet 50/850 [NV]

Alpha glucosidase inhibitors

▪ ACARBOSE

acarbose 100 mg tablet, 90

8189B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	39.10	40.30	[a] Acarbose Mylan [AF]
			[B]2.69	41.79	40.30	[a] Glucobay 100 [BN]

acarbose 50 mg tablet, 90

8188Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	30.98	32.23	[a] Acarbose Mylan [AF]
			[B]2.69	33.67	32.23	[a] Glucobay 50 [BN]

Thiazolidinediones

▪ PIOGLITAZONE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a glucagon-like peptide-1 or an SGLT2 inhibitor.

Authority required (STREAMLINED)

4363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Authority required (STREAMLINED)

4388

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Authority required (STREAMLINED)

4364

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**

- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

pioglitazone 15 mg tablet, 28

8694N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.24	20.49	[a] Acpio 15 [RF] [a] Actos [TK] [a] Pioglitazone AN [EA] [a] Vexazone [AF]	[a] Actaze [RW] [a] APOTEX-Pioglitazone [TX] [a] Pioglitazone Sandoz [SZ]

pioglitazone 30 mg tablet, 28

8695P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.43	24.68	[a] Acpio 30 [RF] [a] Actos [TK] [a] Pioglitazone AN [EA] [a] Vexazone [AF]	[a] Actaze [RW] [a] APOTEX-Pioglitazone [TX] [a] Pioglitazone Sandoz [SZ]

pioglitazone 45 mg tablet, 28

8696Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	27.01	28.26	[a] Acpio 45 [RF] [a] Actos [TK] [a] Pioglitazone AN [EA] [a] Vexazone [AF]	[a] Actaze [RW] [a] APOTEX-Pioglitazone [TX] [a] Pioglitazone Sandoz [SZ]

Dipeptidyl peptidase 4 (DPP-4) inhibitors

▪ ALOGLIPTIN

Note Alogliptin is not PBS-subsidised for use in combination with metformin and a sulfonylurea (triple oral therapy), as monotherapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

Authority required (STREAMLINED)

4349

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with alogliptin.

alogliptin 6.25 mg tablet, 28

2944Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	56.77	40.30	Nesina [TK]

alogliptin 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2933J NP	1	5	..	56.77	40.30	Nesina [TK]

alogliptin 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2986E NP	1	5	..	56.77	40.30	Nesina [TK]

▪ LINAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7541

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and an SGLT2 inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11280Q	1	5	..	60.00	40.30	Trajenta [BY]

▪ LINAGLIPTIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6346

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6376

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7505

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or
- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

linagliptin 5 mg tablet, 30

3387G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.00	40.30	Trajenta [BY]

▪ SAXAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or
- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7541

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:
- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and an SGLT2 inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

saxagliptin 2.5 mg tablet, 28

11292H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	56.77	40.30	Onglyza [AP]

saxagliptin 5 mg tablet, 28

11311H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	56.77	40.30	Onglyza [AP]

▪ SAXAGLIPTIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6346

Diabetes mellitus type 2

Clinical criteria:
- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

7505

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

saxagliptin 2.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10128C NP	1	5	..	56.77	40.30	Onglyza [AP]

saxagliptin 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8983T NP	1	5	..	56.77	40.30	Onglyza [AP]

▪ SITAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7541

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and an SGLT2 inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

sitagliptin 50 mg tablet, 28

11573D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.24	40.30	Januvia [MK]

sitagliptin 100 mg tablet, 28

11576G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.24	40.30	Januvia [MK]

sitagliptin 25 mg tablet, 28

11572C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.24	40.30	Januvia [MK]

▪ SITAGLIPTIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6346

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6376

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7505

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

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sitagliptin 50 mg tablet, 28

9181F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.24	40.30	Januvia [MK]

sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9182G NP	1	5	..	52.24	40.30	Januvia [MK]

sitagliptin 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9180E NP	1	5	..	52.24	40.30	Januvia [MK]

▪ VILDAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6346

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6376

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

vildagliptin 50 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3415R						
NP	1	5	..	60.00	40.30	Galvus [NV]

Glucagon-like peptide-1 (GLP-1) analogues

▪ DULAGLUTIDE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), an SGLT2 inhibitor, an insulin or a sulfonylurea as dual therapy.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7645

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Authority required (STREAMLINED)

5478

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

dulaglutide 1.5 mg/0.5 mL injection, 4 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11364D NP	1	5	..	131.30	40.30	Trulicity [LY]

▪ EXENATIDE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), an insulin or an SGLT2 inhibitor.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6519

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Authority required (STREAMLINED)

6505

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

exenatide 2 mg/dose injection: modified release, 4 injection devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10888C NP	1	5	..	131.30	40.30	Bydureon [AP]

▪ EXENATIDE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or an SGLT2 inhibitor.

Authority required (STREAMLINED)

5500

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Authority required (STREAMLINED)

5478

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Authority required (STREAMLINED)

5469

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- The treatment must be in combination with metformin unless contraindicated or not tolerated, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

exenatide 10 microgram/0.04 mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3424F NP	1	5	..	89.93	40.30	Byetta 10 microgram [AP]

exenatide 5 microgram/0.02 mL injection, 1.2 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3423E NP	1	5	..	66.39	40.30	Byetta 5 microgram [AP]

Sodium-glucose co-transporter 2 (SGLT2) inhibitors

▪ DAPAGLIFLOZIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7528

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a gliptin; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11291G	1	5	..	56.31	40.30	Forxiga [AP]

▪ DAPAGLIFLOZIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7506

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with a gliptin and an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

4991

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5629

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

7495

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or
- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

dapagliflozin 10 mg tablet, 28

10011X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	56.31	40.30	Forxiga [AP]

▪ EMPAGLIFLOZIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or
- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7528

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:
- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a gliptin; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

empagliflozin 25 mg tablet, 30

11281R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	62.03	40.30	Jardiance [BY]

empagliflozin 10 mg tablet, 30

11314L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	62.03	40.30	Jardiance [BY]

▪ EMPAGLIFLOZIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7506

Diabetes mellitus type 2

Clinical criteria:
- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with a gliptin and an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

4991

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5629

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

7495

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**

- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

empagliflozin 25 mg tablet, 30

10202Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	62.03	40.30	Jardiance [BY]

empagliflozin 10 mg tablet, 30

10206E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	62.03	40.30	Jardiance [BY]

▪ ERTUGLIFLOZIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

Authority required (STREAMLINED)

7528

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a gliptin; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

The date and level of the qualifying HbA1c measurement must be documented in the patient's medical records at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

The HbA1c must be no more than 4 months old at the time triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

ertugliflozin 5 mg tablet, 28

11577H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	58.66	40.30	Steglatro 5 [MK]

ertugliflozin 15 mg tablet, 28

11570Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	58.66	40.30	Steglatro 15 [MK]

▪ ERTUGLIFLOZIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7506

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR

- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with a gliptin and an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7495

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1 analogue.

Note PBS-subsidised dual oral therapy does not include combination use of:a gliptin with an SGLT2 inhibitor; or

- a gliptin with a glitazone; or
- an SGLT2 inhibitor with a glitazone.

ertugliflozin 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11585R NP	1	5	..	58.66	40.30	Steglatro 5 [MK]

ertugliflozin 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11571B NP	1	5	..	58.66	40.30	Steglatro 15 [MK]

VITAMINS

VITAMIN A AND D, INCL. COMBINATIONS OF THE TWO

Vitamin D and analogues

CALCITRIOL

Authority required (STREAMLINED)

5401

Hypocalcaemia

Clinical criteria:

- The condition must be due to renal disease.

Authority required (STREAMLINED)

5255

Hypoparathyroidism

Authority required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority required (STREAMLINED)

5402

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

2502Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	27.60	28.85	[a] APO-Calcitriol [TX] [a] Calcitriol AN [EA] [a] Sical [AF]	[a] Calciprox [ER] [a] Kosteo [RW]
			[B]2.29	29.89	28.85	[a] Rocaltrol [RO]	

VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12

Vitamin B1, plain

▪ THIAMINE

Authority required (STREAMLINED)

5139

Thiamine deficiency

Clinical criteria:

- The treatment must be for prophylaxis.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

thiamine hydrochloride 100 mg tablet, 100

1070H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	..	15.37	16.62	Betavit [PP]

▪ MINERAL SUPPLEMENTS

CALCIUM

Calcium

▪ CALCIUM

Authority required (STREAMLINED)

4586

Hyperphosphataemia

Clinical criteria:

- The condition must be associated with chronic renal failure.

CALCIUM Tablet (chewable) 500 mg (as carbonate), 60

3116B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	1	..	*27.35	28.60	Cal-500 [PP]

CALCIUM Tablet 600 mg (as carbonate), 240

3117C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	22.62	23.87	Calci-Tab 600 [AE]

POTASSIUM

Potassium

▪ POTASSIUM CHLORIDE

Note For item codes 2642C and 1841X, pharmaceutical benefits that have the form tablet 600 mg (sustained release) are equivalent for the purposes of substitution.

potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 100

2642C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	..	*19.67	20.92	[a] Duro-K [NM]
			[B]3.00	*22.67	20.92	[a] Slow-K [NV]

potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 200

1841X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	19.65	20.90	[a] Span-K [AS]

▪ POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE

potassium chloride 595 mg + potassium bicarbonate 384 mg + potassium carbonate 152 mg (total potassium 14 mmol) effervescent tablet, 60

3012M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	21.16	22.41	Chlorvescent [AS]

OTHER MINERAL SUPPLEMENTS

Magnesium

▪ MAGNESIUM ASPARTATE DIHYDRATE

Authority required (STREAMLINED)

5506

Hypomagnesaemia

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)

5466

Chronic renal disease

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

magnesium aspartate dihydrate 500 mg (magnesium 37.4 mg) tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5146W	1	5	..	17.50	18.75	MagMin (PBS) [BB]	Mag-Sup [PP]

NP

▪ OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

Amino acids and derivatives

▪ BETAINE

Authority required

Homocystinuria

Clinical criteria:

- The treatment must be as adjunctive therapy to current standard care, **AND**
- The condition must be treated by or in consultation with a metabolic physician.

The name of the specialist must be included in the authority application.

betaine 1 g/g powder for oral liquid, 180 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10119N	‡1	5	..	566.26	40.30	Cystadane [RJ]

Various alimentary tract and metabolism products

▪ SAPROPTERIN

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Hyperphenylalaninaemia

Treatment Phase: Continuing

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency, **AND**
- Patient must have previously been issued with an authority prescription for this drug; OR
- Patient must have accessed non-PBS-subsidised treatment prior to 1 May 2014.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

The authority application must be made in writing.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10087X	6	5	..	*5312.17	40.30	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

Authority required

Hyperphenylalaninemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Grandfather treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 May 2019, **AND**
- Patient must have demonstrated a response to treatment with this drug of greater than or equal to a 30% reduction in phenylalanine levels from baseline during initial responsiveness testing, **AND**
- Patient must have a documented diagnosis of PKU.

Population criteria:

- Patient must have been under 18 years of age at the time treatment with this drug was initiated for this condition.

Blood phenylalanine levels must be based on measurements taken during stable periods of the condition.

Dietary phenylalanine intake must be maintained at a constant level.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a grandfathered patient must qualify under the Subsequent continuing treatment criteria.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11686C NP	6	..	..	*5312.17	40.30	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

Note Patient will be eligible for a maximum of one PBS-subsidised prescription as initial therapy to enable their response to treatment with sapropterin to be assessed.

Authority required

Hyperphenylalaninemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Initial treatment - responsiveness testing

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a baseline blood phenylalanine level above 360 micromole per L and be less than one month of age; OR
- Patient must have a baseline blood phenylalanine level above 600 micromole per L and be more than one month of age, **AND**
- The treatment must be for the purpose of initial responsiveness testing for a period of 24 hours in a patient less than one month of age; OR
- The treatment must be for the purpose of initial responsiveness testing for a period of 7 days in a patient aged more than one month.

Population criteria:

- Patient must be under 18 years of age.

Dietary phenylalanine intake must be maintained at a constant level.

Patients or their parent/guardian should be assessed for their ability to comply with the sapropterin protocol and PKU diet prior to conducting initial responsiveness testing.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11676M	3	..	..	*2697.16	40.30	Kuvan [IO]

▪ SAPROPTERIN

Note Patients will be eligible for a maximum of one script as initial therapy to enable their response to treatment with sapropterin to be assessed.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Hyperphenylalaninaemia

Treatment Phase: Initial

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

The authority application must be made in writing.

saropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10086W	6	..	..	*5312.17	40.30	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

Authority required

Hyperphenylalaninemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment under the Initial treatment - responsiveness testing restriction with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug of greater than or equal to a 30% reduction in phenylalanine levels from baseline during initial responsiveness testing.

Population criteria:

- Patient must have been under 18 years of age at the time treatment with this drug was initiated for this condition.

Blood phenylalanine levels must be based on measurements taken during stable periods of the condition.

Dietary phenylalanine intake must be maintained at a constant level.

Authority required

Hyperphenylalaninemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Subsequent continuing

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction; OR
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the Grandfather treatment restriction, **AND**
- Patient must be undergoing regular phenylalanine testing and assessment of adherence to dietary modifications.

Population criteria:

- Patient must have been under 18 years of age at the time treatment with this drug was initiated for this condition.

saropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11691H (NP)	6	5	..	*5312.17	40.30	Kuvan [IO]

▪ BLOOD AND BLOOD FORMING ORGANS

▪ ANTITHROMBOTIC AGENTS

ANTITHROMBOTIC AGENTS

Vitamin K antagonists

▪ WARFARIN

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

warfarin sodium 1 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2843P (NP)	1	2	..	16.16	17.41	Coumadin [QA]	Marevan [FM]

warfarin sodium 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2209G (NP)	1	2	..	16.35	17.60	Coumadin [QA]

warfarin sodium 3 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2844Q (NP)	1	2	..	16.42	17.67	Marevan [FM]

warfarin sodium 5 mg tablet, 50

2211J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	16.86	18.11	Coumadin [QA]	Marevan [FM]

Heparin group

▪ DALTEPARIN SODIUM

dalteparin sodium 10 000 anti-Xa units/mL injection, 10 x 1 mL syringes

8269F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	73.93	40.30	Fragmin [PF]

dalteparin sodium 12 500 anti-Xa units/0.5 mL injection, 10 x 0.5 mL syringes

5445N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	99.56	40.30	Fragmin [PF]

dalteparin sodium 2500 anti-Xa units/0.2 mL injection, 10 x 0.2 mL syringes

8603T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*84.09	40.30	Fragmin [PF]

dalteparin sodium 5000 anti-Xa units/0.2 mL injection, 10 x 0.2 mL syringes

2816F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*87.11	40.30	Fragmin [PF]

dalteparin sodium 7500 anti-Xa units/0.75 mL injection, 10 x 0.75 mL syringes

8271H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	57.23	40.30	Fragmin [PF]

▪ DALTEPARIN SODIUM

Restricted benefit

Haemodialysis

dalteparin sodium 10 000 anti-Xa units/mL injection, 10 x 1 mL syringes

1229Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	..	*136.39	40.30	Fragmin [PF]

dalteparin sodium 12 500 anti-Xa units/0.5 mL injection, 10 x 0.5 mL syringes

1296F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	..	*187.65	40.30	Fragmin [PF]

dalteparin sodium 2500 anti-Xa units/0.2 mL injection, 10 x 0.2 mL syringes

8641T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	..	*84.09	40.30	Fragmin [PF]

dalteparin sodium 5000 anti-Xa units/0.2 mL injection, 10 x 0.2 mL syringes

8642W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	..	*87.11	40.30	Fragmin [PF]

dalteparin sodium 7500 anti-Xa units/0.75 mL injection, 10 x 0.75 mL syringes

8643X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	..	*102.99	40.30	Fragmin [PF]

▪ DALTEPARIN SODIUM

Note No applications for increased maximum quantities will be authorised.

Restricted benefit

Symptomatic venous thromboembolism

Treatment Phase: Management

Clinical criteria:

- Patient must have a solid tumour(s).

dalteparin sodium 10 000 anti-Xa units/mL injection, 10 x 1 mL syringes

8957K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	..	*199.09	40.30	Fragmin [PF]

dalteparin sodium 12 500 anti-Xa units/0.5 mL injection, 10 x 0.5 mL syringes

8958L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	3	5	..	*278.68	40.30	Fragmin [PF]

dalteparin sodium 15 000 anti-Xa units/0.6 mL injection, 10 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8959M NP	3	5	..	*333.31	40.30	Fragmin [PF]

dalteparin sodium 18 000 anti-Xa units/0.72 mL injection, 10 x 0.72 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8960N NP	3	5	..	*398.98	40.30	Fragmin [PF]

dalteparin sodium 7500 anti-Xa units/0.75 mL injection, 10 x 0.75 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8956J NP	3	5	..	*148.72	40.30	Fragmin [PF]

▪ ENOXAPARIN SODIUM

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8510X NP	2	..	..	*85.81	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

enoxaparin sodium 20 mg/0.2 mL injection, 10 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8558K NP	2	..	..	*82.79	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

enoxaparin sodium 100 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8264Y NP	1	1	..	85.96	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

enoxaparin sodium 60 mg/0.6 mL injection, 10 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8262W NP	1	1	..	64.63	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

enoxaparin sodium 80 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8263X NP	1	1	..	72.63	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

▪ ENOXAPARIN SODIUM

Restricted benefit

Haemodialysis

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8639Q NP	2	3	..	*85.81	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

enoxaparin sodium 20 mg/0.2 mL injection, 10 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8716R NP	2	3	..	*82.79	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

enoxaparin sodium 100 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5435C NP	2	3	..	*160.45	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

enoxaparin sodium 60 mg/0.6 mL injection, 10 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8640R NP	2	3	..	*117.79	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

enoxaparin sodium 80 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5434B NP	2	3	..	*133.79	40.30	[a] Clexane [SW]	[a] Enoxaparin Winthrop [WA]

▪ HEPARIN SODIUM

heparin sodium 5000 units/5 mL injection, 50 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1463B NP	1	5	..	72.70	40.30	Pfizer Australia Pty Ltd [PF]

heparin sodium 35 000 units/35 mL injection, 35 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1076P NP	12	5	..	*304.27	40.30	Hospira Pty Limited [PF]

heparin sodium 5000 units/0.2 mL injection, 5 x 0.2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1466E NP	1	5	..	23.80	25.05	Hospira Pty Limited [PF]

▪ NADROPARIN

nadroparin calcium 1900 anti-Xa units/0.2 mL injection, 2 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10735B NP	10	..	..	*47.29	40.30	Fraxiparine [AS]

nadroparin calcium 2850 anti-Xa units/0.3 mL injection, 2 x 0.3 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10686K NP	10	..	..	*65.19	40.30	Fraxiparine [AS]

nadroparin calcium 3800 anti-Xa units/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10685J NP	10	..	..	*82.99	40.30	Fraxiparine [AS]

nadroparin calcium 5700 anti-Xa units/0.6 mL injection, 2 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10716B NP	10	..	..	*118.79	40.30	Fraxiparine [AS]

nadroparin calcium 7600 anti-Xa units/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10734Y NP	5	1	..	*82.99	40.30	Fraxiparine [AS]

nadroparin calcium 9500 anti-Xa units/mL injection, 2 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10702G NP	5	1	..	*100.89	40.30	Fraxiparine [AS]

nadroparin calcium 11 400 anti-Xa units/0.6 mL injection, 2 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10706L NP	5	1	..	*118.74	40.30	Fraxiparine Forte [AS]

nadroparin calcium 15 200 anti-Xa units/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10725L NP	5	1	..	*154.49	40.30	Fraxiparine Forte [AS]

nadroparin calcium 19 000 anti-Xa units/mL injection, 2 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10707M NP	5	1	..	*190.24	40.30	Fraxiparine Forte [AS]

▪ NADROPARIN

Restricted benefit

Haemodialysis

nadroparin calcium 1900 anti-Xa units/0.2 mL injection, 2 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10687L NP	10	3	..	*47.29	40.30	Fraxiparine [AS]

nadroparin calcium 2850 anti-Xa units/0.3 mL injection, 2 x 0.3 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10701F NP	10	3	..	*65.19	40.30	Fraxiparine [AS]

nadroparin calcium 3800 anti-Xa units/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10717C NP	10	3	..	*82.99	40.30	Fraxiparine [AS]

nadroparin calcium 5700 anti-Xa units/0.6 mL injection, 2 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10718D NP	10	3	..	*118.79	40.30	Fraxiparine [AS]

nadroparin calcium 7600 anti-Xa units/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10740G NP	10	3	..	*154.49	40.30	Fraxiparine [AS]

nadroparin calcium 9500 anti-Xa units/mL injection, 2 x 1 mL syringes

10733X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	3	..	*190.29	40.30	Fraxiparine [AS]

NP

Platelet aggregation inhibitors excl. heparin

▪ ASPIRIN

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

aspirin 300 mg effervescent tablet, 96

1010E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	13.00	14.25	Solprin [RC]

NP

▪ ASPIRIN

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

aspirin 100 mg tablet, 112

8202Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	13.32	14.57	Spren 100 [OW]

NP

▪ CLOPIDOGREL

Note Not for prophylaxis of deep vein thrombosis or peripheral arterial disease.

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

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.

Authority required (STREAMLINED)

4166

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The treatment must be in combination with aspirin.

Authority required (STREAMLINED)

4165

Cardiac stent insertion

Clinical criteria:

- The treatment must be in combination with aspirin, **AND**
- The treatment must follow insertion of a cardiac stent.

clopidogrel 75 mg tablet, 28

2275R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.57	16.82	[a] Clopidogrel-GA [EA]	[a] Clopidogrel GH [GQ]
					[a] Clovix 75 [RW]	[a] Plidogrel [RF]

NP

clopidogrel 75 mg tablet, 28

9317J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.57	16.82	[a] APO-Clopidogrel [TX]	[a] Blooms the Chemist Clopidogrel [IB]
					[a] Chem mart Clopidogrel [CH]	[a] Clopidogrel AN [EA]
					[a] Clopidogrel Sandoz [SZ]	[a] Clopidogrel Winthrop [WA]
					[a] Iscover [AV]	[a] Piax [AF]
					[a] Plavix [SW]	[a] Terry White Chemists Clopidogrel [TW]

NP

▪ CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

Note Not for prophylaxis of deep vein thrombosis or peripheral arterial disease.

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.

Authority required (STREAMLINED)

5517

Prevention of recurrence of myocardial infarction or unstable angina

Clinical criteria:

- Patient must have a history of symptomatic cardiac ischaemic events while on therapy with low-dose aspirin.

Authority required (STREAMLINED)

5524

Prevention of recurrence of myocardial infarction or unstable angina

Clinical criteria:

- Patient must be in one whom low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding.

Authority required (STREAMLINED)

5525

Prevention of recurrence of myocardial infarction or unstable angina

Clinical criteria:

- Patient must have a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or non-steroidal anti-inflammatory drugs (NSAIDs).

Authority required (STREAMLINED)

5459

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events

Clinical criteria:

- Patient must have a history of symptomatic cerebrovascular ischaemic episodes while on therapy with low-dose aspirin.

Authority required (STREAMLINED)

5436

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events

Clinical criteria:

- Patient must be in one whom low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding.

Authority required (STREAMLINED)

5508

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events

Clinical criteria:

- Patient must have a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or non-steroidal anti-inflammatory drugs (NSAIDs).

clopidogrel 75 mg tablet, 28

8358X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.57	16.82	[a] APO-Clopidogrel [TX]	[a] Blooms the Chemist Clopidogrel [IB]
					[a] Chem mart Clopidogrel [CH]	[a] Clopidogrel AN [EA]
					[a] Clopidogrel Sandoz [SZ]	[a] Clopidogrel Winthrop [WA]
					[a] Iscover [AV]	[a] Piax [AF]
					[a] Plavicor 75 [CR]	[a] Plavix [SW]
					[a] Terry White Chemists Clopidogrel [TW]	

clopidogrel 75 mg tablet, 28

9354H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.57	16.82	[a] Clopidogrel-GA [EA]	[a] Clopidogrel GH [GQ]
					[a] Clovix 75 [RW]	[a] Plidogrel [RF]

▪ CLOPIDOGREL + ASPIRIN

Note Not for prophylaxis of deep vein thrombosis or peripheral arterial disease.

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.

Authority required (STREAMLINED)

5488

Acute coronary syndrome (myocardial infarction or unstable angina)

Authority required (STREAMLINED)

5443

Cardiac stent insertion

Clinical criteria:

- The treatment must follow insertion of a cardiac stent.

Authority required (STREAMLINED)

5517

Prevention of recurrence of myocardial infarction or unstable angina

Clinical criteria:

- Patient must have a history of symptomatic cardiac ischaemic events while on therapy with low-dose aspirin.

clopidogrel 75 mg + aspirin 100 mg tablet, 30

9296G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.86	17.11	[a] APO-Clopidogrel/Aspirin 75/100 [TX]	[a] Clopidogrel/Aspirin Actavis 75/100 [EA]
					[a] CLOPIDOGREL/ASPIRIN AN 75/100 [ED]	[a] Clopidogrel/Aspirin Sandoz 75/100 [SZ]

					[a] Clopidogrel Winthrop plus aspirin [WA] [a] DuoCover [AV] [a] Piax Plus Aspirin [AF]	[a] CoPlavix [SW] [a] DuoPlidogrel [GZ]

▪ DIPYRIDAMOLE

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.

Restricted benefit
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events
Clinical criteria:
- The treatment must be as adjunctive therapy with low-dose aspirin.

Restricted benefit
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events
Clinical criteria:
- Patient must be one in whom low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding.

Restricted benefit
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events
Clinical criteria:
- Patient must have a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or non-steroidal anti-inflammatory drugs (NSAIDs).

dipyridamole 200 mg modified release capsule, 60

8335Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	33.06	34.31	Persantin SR [BY]

▪ DIPYRIDAMOLE + ASPIRIN

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.

Restricted benefit
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events

dipyridamole 200 mg + aspirin 25 mg modified release capsule, 60

8382E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.96	35.21	[a] Asasantin SR [BY]	[a] Diasp SR [RW]

▪ EPTIFIBATIDE

Authority required (STREAMLINED)
6435
Coronary artery disease
Treatment criteria:
- Patient must be undergoing non-urgent percutaneous intervention with intracoronary stenting.

eptifibatide 75 mg/100 mL injection, 100 mL vial

8684C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*824.80	40.30	Integrilin [MK]

eptifibatide 20 mg/10 mL injection, 10 mL vial

8683B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*205.35	40.30	Integrilin [MK]

▪ PRASUGREL

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.

Authority required (STREAMLINED)
6454
Acute coronary syndrome (myocardial infarction or unstable angina)
Clinical criteria:
- The treatment must be managed by percutaneous coronary intervention in combination with aspirin.

prasugrel 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9496T NP	1	5	..	97.85	40.30	Effient [LY]

prasugrel 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9495R NP	1	5	..	89.22	40.30	Effient [LY]

▪ TICAGRELOR

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.

Authority required (STREAMLINED)
5746
Acute coronary syndrome (myocardial infarction or unstable angina)
Clinical criteria:
- The treatment must be in combination with aspirin.

ticagrelor 90 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1418P NP	1	5	..	134.61	40.30	Brilinta [AP]

▪ TIROFIBAN

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.

Authority required (STREAMLINED)
5782
High risk of unstable angina
Clinical criteria:
- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have pain lasting longer than 20 minutes.

Authority required (STREAMLINED)
5809
High risk of unstable angina
Clinical criteria:
- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours.

Authority required (STREAMLINED)
5691
Non-Q-wave myocardial infarction

tirofiban 12.5 mg/50 mL injection, 50 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8350L NP	1	2	..	208.27	40.30	[a] Aggrastat [AS] [a] Tirofiban Juno [JU]	[a] Tirofiban AC [JO]

Enzymes

▪ RETEPLASE

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.

Restricted benefit
Acute myocardial infarction
Clinical criteria:
- The treatment must be administered within 6 hours of the onset of attack.

reteplase 10 units (17.4 mg) injection [2 x 10 unit vials] (&) inert substance diluent [2 x 10 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8253J NP	‡1	..	..	1692.18	40.30	Rapilysin 10 U [GN]

▪ TENECTEPLASE

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.

Restricted benefit

Acute myocardial infarction

Clinical criteria:

- The treatment must be administrated within 12 hours of onset of attack.

tenecteplase 8000 units (40 mg) injection [1 vial] (&) inert substance diluent [8 mL syringe], 1 pack

8526R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1861.58	40.30	Metalyse [BY]

tenecteplase 10 000 units (50 mg) injection [1 vial] (&) inert substance diluent [10 mL syringe], 1 pack

8527T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1956.27	40.30	Metalyse [BY]

Direct thrombin inhibitors

▪ BIVALIRUDIN

Authority required (STREAMLINED)

4919

Coronary artery disease

Treatment criteria:

- Patient must be undergoing percutaneous coronary intervention.

bivalirudin 250 mg injection, 1 vial

8844L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	533.57	40.30	[a] Angiomax [XM]	[a] Bivalirudin APOTEX [TX]

▪ DABIGATRAN

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 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.

Authority required (STREAMLINED)

4402

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

dabigatran etexilate 110 mg capsule, 60

9321N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	88.77	40.30	Pradaxa [BY]

dabigatran etexilate 75 mg capsule, 60

9320M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	110.18	40.30	Pradaxa [BY]

▪ DABIGATRAN

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 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.

Authority required (STREAMLINED)

4369

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 20 days supply to complete a course of treatment.

dabigatran etexilate 75 mg capsule, 10

9318K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*44.39	40.30	Pradaxa [BY]

dabigatran etexilate 110 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9319L NP	2	1	..	*37.25	38.50	Pradaxa [BY]

▪ DABIGATRAN

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 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.

Authority required (STREAMLINED)

4381

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 10 days of therapy.

dabigatran etexilate 75 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9322P NP	2	..	..	*44.39	40.30	Pradaxa [BY]

dabigatran etexilate 110 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9323Q NP	2	..	..	*37.25	38.50	Pradaxa [BY]

▪ DABIGATRAN

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.

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 (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

dabigatran etexilate 150 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2769R NP	1	5	..	88.77	40.30	Pradaxa [BY]

dabigatran etexilate 110 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2753X NP	1	5	..	88.77	40.30	Pradaxa [BY]

Direct factor Xa inhibitors

▪ APIXABAN

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 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.

Authority required (STREAMLINED)

4402

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 60

5061J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	93.31	40.30	Eliquis [BQ]

▪ APIXABAN

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.

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)

4098

Deep vein thrombosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

5098

Pulmonary embolism

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 28

10414D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	49.67	40.30	Eliquis [BQ]

▪ APIXABAN

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 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.

Authority required (STREAMLINED)

4382

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 15 days of therapy.

Authority required (STREAMLINED)

4409

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 15 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 30

5054B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	52.40	40.30	Eliquis [BQ]

▪ APIXABAN

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 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.

Authority required (STREAMLINED)

4381

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 10 days of therapy.

Authority required (STREAMLINED)

4359

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 10 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 20

5500L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	38.76	40.01	Eliquis [BQ]

▪ APIXABAN

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.

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)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4132

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a history of venous thromboembolism.

apixaban 2.5 mg tablet, 60

2744K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	93.31	40.30	Eliquis [BQ]

▪ APIXABAN

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.

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)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4099

Deep vein thrombosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

5083

Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 60

2735Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	93.31	40.30	Eliquis [BQ]

▪ RIVAROXABAN

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 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.

Authority required (STREAMLINED)

4369

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 20 days supply to complete a course of treatment.

rivaroxaban 10 mg tablet, 10

9465E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	38.65	39.90	Xarelto [BN]

▪ RIVAROXABAN

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 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.

Authority required (STREAMLINED)

4402

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

rivaroxaban 10 mg tablet, 30

9467G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	92.99	40.30	Xarelto [BN]

rivaroxaban 10 mg tablet, 15

9466F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	52.24	40.30	Xarelto [BN]

▪ RIVAROXABAN

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 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.

Authority required (STREAMLINED)

4381

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 10 days of therapy.

rivaroxaban 10 mg tablet, 10

9468H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	38.65	39.90	Xarelto [BN]

▪ RIVAROXABAN

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 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.

Authority required (STREAMLINED)

4382

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 15 days of therapy.

rivaroxaban 10 mg tablet, 15

9469J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	52.24	40.30	Xarelto [BN]

▪ RIVAROXABAN

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.

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 (STREAMLINED)

4132

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a history of venous thromboembolism.

rivaroxaban 10 mg tablet, 30

11633G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	92.99	40.30	Xarelto [BN]

▪ RIVAROXABAN

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.

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 (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**

- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 15 mg tablet, 28

2691P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	87.56	40.30	Xarelto [BN]

▪ RIVAROXABAN

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.

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)

4098

Deep vein thrombosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

4260

Pulmonary embolism

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

Note Special Pricing Arrangements apply.

rivaroxaban 15 mg tablet, 42

2160Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	125.60	40.30	Xarelto [BN]

▪ RIVAROXABAN

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.

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)

4099

Deep vein thrombosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

4132

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a history of venous thromboembolism.

Authority required (STREAMLINED)

4268

Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

Note Special Pricing Arrangements apply.

rivaroxaban 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2268J NP	1	5	..	87.56	40.30	Xarelto [BN]

Other antithrombotic agents

▪ FONDAPARINUX

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 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.

Authority required (STREAMLINED)

5781

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing major hip surgery.

Authority required (STREAMLINED)

5808

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

fondaparinux sodium 2.5 mg/0.5 mL injection, 2 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8775W NP	3.5	..	..	*115.85	40.30	Arixtra [AS]

▪ ANTIHEMORRHAGICS

ANTIFIBRINOLYTICS

Amino acids

▪ TRANEXAMIC ACID

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.

tranexamic acid 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2180R NP	1	2	..	40.66	40.30	[a] APO-Tranexamic Acid [TX]	[a] Cyklokapron [PF]

▪ ANTIANEMIC PREPARATIONS

IRON PREPARATIONS

Iron bivalent, oral preparations

▪ FERROUS FUMARATE

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

ferrous fumarate 200 mg (iron 65.7 mg) tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8985X NP	1	1	..	18.15	19.40	Ferro-tab [AE]

▪ FERROUS SULFATE

ferrous sulfate heptahydrate 30 mg/mL (iron 6 mg/mL) oral liquid, 250 mL

8815Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	21.09	22.34	Ferro-Liquid [AE]

NP

Iron, parenteral preparations

▪ FERRIC CARBOXYMALTOSE

Note Special Pricing Arrangements apply.

iron (as ferric carboxymaltose) 1 g/20 mL injection, 20 mL vial

11702X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	307.87	40.30	Ferinject [VL]

NP

iron (as ferric carboxymaltose) 500 mg/10 mL injection, 10 mL vial

10104T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*307.87	40.30	Ferinject [VL]

NP

▪ FERRIC DERISOMALTOSE

Note Special Pricing Arrangements apply.

iron (as ferric derisomaltose) 500 mg/5 mL injection, 5 mL vial

11615H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*307.87	40.30	Monofer [PF]

NP

▪ IRON POLYMALTOSE

iron (as polymaltose) 100 mg/2 mL injection, 5 x 2 mL ampoules

2593L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	24.08	25.33	Ferrosig [SI]

NP

▪ IRON POLYMALTOSE

Authority required (STREAMLINED)

4302

Iron deficiency anaemia

Treatment criteria:

- Patient must be undergoing chronic haemodialysis.

iron (as polymaltose) 100 mg/2 mL injection, 5 x 2 mL ampoules

2805P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	24.08	25.33	Ferrosig [SI]

NP

▪ IRON SUCROSE

iron (as sucrose) 100 mg/5 mL injection, 5 x 5 mL ampoules

10229J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	37.55	38.80	Venofer [VL]

NP

▪ IRON SUCROSE

Authority required (STREAMLINED)

4302

Iron deficiency anaemia

Treatment criteria:

- Patient must be undergoing chronic haemodialysis.

iron (as sucrose) 100 mg/5 mL injection, 5 x 5 mL ampoules

8807M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	37.55	38.80	Venofer [VL]

NP

Iron in combination with folic acid

▪ FERROUS FUMARATE + FOLIC ACID

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

ferrous fumarate 310 mg (iron 100 mg) + folic acid 350 microgram tablet, 60

9011G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	19.17	20.42	Ferro-f-tab [AE]

NP

VITAMIN B12 AND FOLIC ACID

Vitamin B12 (cyanocobalamin and analogues)

▪ HYDROXOCOBALAMIN

Note One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.

Note Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.

Restricted benefit

Pernicious anaemia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Proven vitamin B12 deficiencies other than pernicious anaemia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Anaemias associated with vitamin B12 deficiency

Clinical criteria:

- Patient must have had a gastrectomy, **AND**
- The treatment must be for prophylaxis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2162T NP	1	..	..	15.75	17.00	[a] Cobal-B12 [JU]	[a] Vita-B12 [GH]

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9048F NP	1	..	..	15.75	17.00	[a] Hydroxo-B12 [AS]	[a] Neo-B12 [PF]

Folic acid and derivatives

▪ FOLIC ACID

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

folic acid 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2958Q NP	2	..	..	*15.55	16.80	[a] Foltabs 500 [PP]	[a] Megafol 0.5 [AF]

▪ FOLIC ACID

Note The 5 mg strength tablet should be used in malabsorption states only.

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

folic acid 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1437P NP	2	1	..	*17.77	19.02	Megafol 5 [AF]

▪ BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

BLOOD AND RELATED PRODUCTS

Blood substitutes and plasma protein fractions

▪ HYDROXYETHYL STARCH 130/0.4 + SODIUM CHLORIDE

HYDROXYETHYL STARCH 130/0.4 I.V. infusion 30 g per 500 mL, 500 mL, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9487H NP	3	..	..	*44.56	40.30	Voluven 6% [PK]

▪ OTHER HEMATOLOGICAL AGENTS

OTHER HEMATOLOGICAL AGENTS

Drugs used in hereditary angioedema

▪ ICATIBANT

Note Icatibant should be provided in the framework of a comprehensive hereditary angioedema prophylaxis program and an emergency Action Plan including training in recognition of the symptoms of hereditary angioedema and the self-administration of icatibant. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au)

Authority required

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Initial

Clinical criteria:

- Patient must have confirmed diagnosis of C1-esterase inhibitor deficiency, **AND**
- Patient must have been assessed to be at significant risk of an acute attack of hereditary angioedema, **AND**
- The condition must be assessed by a clinical immunologist; OR
- The condition must be assessed by a respiratory physician; OR
- The condition must be assessed by a specialist allergist; OR
- The condition must be assessed by a general physician experienced in the management of patients with hereditary angioedema.

The name of the specialist consulted must be provided at the time of application for initial supply.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

Increased maximum quantities will be limited to 12 injections per authority prescription.

Authority required

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Increased maximum quantities will be limited to 12 injections per authority prescription.

icatibant 30 mg/3 mL injection, 3 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1976B	1	1	..	2455.87	40.30	Firazyr [ZI]

▪ CARDIOVASCULAR SYSTEM

▪ CARDIAC THERAPY

CARDIAC GLYCOSIDES

Digitalis glycosides

▪ DIGOXIN

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.

digoxin 250 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1322N NP	1	1	..	15.21	16.46	[a] Sigmaxin [FM]
			[B]2.56	17.77	16.46	[a] Lanoxin [QA]

digoxin 62.5 microgram tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2605D NP	1	1	..	14.96	16.21	[a] Sigmaxin-PG [FM]
			[B]2.56	17.52	16.21	[a] Lanoxin-PG [QA]

digoxin 50 microgram/mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3164M NP	2	3	..	*41.69	40.30	Lanoxin [QA]

ANTIARRHYTHMICS, CLASS I AND III

Antiarrhythmics, class Ia

▪ DISOPYRAMIDE

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.

disopyramide 100 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2923W NP	1	5	..	27.52	28.77	Rythmodan [SW]

Antiarrhythmics, class Ib

▪ LIDOCAINE (LIGNOCAINE)

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.

lidocaine (lignocaine) hydrochloride 10% (500 mg/5 mL) injection, 10 x 5 mL ampoules

2876J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.84	29.09	Xylocard 500 [AS]

Antiarrhythmics, class Ic

▪ FLECAINIDE

Caution Flecainide acetate should be avoided in patients with poor cardiac function.

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.

Restricted benefit
Serious supra-ventricular cardiac arrhythmias

Restricted benefit
Serious ventricular cardiac arrhythmias

Clinical criteria:

- The treatment must be initiated in a hospital.

flecainide acetate 100 mg tablet, 60

1090J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	39.84	40.30	[a] Flecainide Sandoz [SZ] [a] Tambocor [IL]	[a] Flecatab [AF]

flecainide acetate 50 mg tablet, 60

1088G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	34.36	35.61	[a] Flecainide Sandoz [SZ]	[a] Tambocor [IL]

Antiarrhythmics, class III

▪ AMIODARONE

Note This drug has been reported to cause frequent and potentially serious toxicity.

Note Regular monitoring of hepatic and thyroid function is recommended.

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.

Restricted benefit
Severe cardiac arrhythmias

amiodarone hydrochloride 100 mg tablet, 30

2344J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.83	17.08	[a] Aratac 100 [AF]	[a] Cordarone X 100 [SW]

amiodarone hydrochloride 200 mg tablet, 30

2343H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.22	20.47	[a] Amiodarone Sandoz [SZ] [a] Aratac 200 [AF] [a] GenRx Amiodarone [GX]	[a] APO-Amiodarone [TX] [a] Cordarone X 200 [SW] [a] Rithmik 200 [RW]

▪ SOTALOL

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.

Restricted benefit
Severe cardiac arrhythmias

sotalol hydrochloride 160 mg tablet, 60

2043M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.39	19.64	[a] APO-Sotalol [TX] [a] Solavert [RF]	[a] Cardol [AF] [a] Sotalol Sandoz [SZ]
		[B]4.33	22.72	19.64	[a] Sotacor [RW]	

sotalol hydrochloride 80 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8398B NP	1	5	..	14.69	15.94	[a] APO-Sotalol [TX] [a] Solavert [RF]	[a] Cardol [AF] [a] Sotalol Sandoz [SZ]
			[B]4.33	19.02	15.94	[a] Sotacor [RW]	

CARDIAC STIMULANTS EXCL. CARDIAC GLYCOSIDES

Adrenergic and dopaminergic agents

▪ ADRENALINE (EPINEPHRINE)

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1016L NP	1	1	..	21.14	22.39	Link Medical Products Pty Ltd [LM]

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5004J DP	1	..	..	21.14	22.39	Link Medical Products Pty Ltd [LM]

▪ ADRENALINE (EPINEPHRINE)

Note The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)

Note Authority approvals will be limited to a maximum quantity of 2 auto-injectors at any one time.

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

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

adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8697R NP	1	..	..	83.72	40.30	[a] Adrenaline Jr Mylan [AF]	[a] EpiPen Jr. [AL]

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8698T NP	1	..	..	83.72	40.30	[a] Adrenaline Mylan [AF]	[a] EpiPen [AL]

VASODILATORS USED IN CARDIAC DISEASES

Organic nitrates

▪ GLYCERYL TRINITRATE

glyceryl trinitrate 10 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1516T NP	1	5	..	32.75	34.00	Transiderm-Nitro 50 [SZ]

glyceryl trinitrate 10 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8028M NP	1	5	..	32.75	34.00	Minitran 10 [IL]

glyceryl trinitrate 5 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1515R NP	1	5	..	27.70	28.95	Transiderm-Nitro 25 [SZ]

glyceryl trinitrate 5 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8027L NP	1	5	..	27.70	28.95	Minitran 5 [IL]

glyceryl trinitrate 300 microgram sublingual tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11027J NP	‡1	5	..	18.79	20.04	Nitrostat [PF]

glyceryl trinitrate 300 microgram sublingual tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11051P DP	‡1	..	..	18.79	20.04	Nitrostat [PF]

glyceryl trinitrate 600 microgram sublingual tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1459T NP	‡1	5	..	18.79	20.04	Nitrostat [PF]
						[a] Lycinate [RF]
			[B]2.56	21.35	20.04	[a] Anginine Stabilised [RW]

glyceryl trinitrate 600 microgram sublingual tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5108W DP	‡1	..	..	18.79	20.04	Nitrostat [PF]
						[a] Lycinate [RF]
			[B]2.56	21.35	20.04	[a] Anginine Stabilised [RW]

glyceryl trinitrate 15 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8119H NP	1	5	..	32.75	34.00	Minitran 15 [IL]

▪ GLYCERYL TRINITRATE

Note The spray should not be inhaled.

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8171C NP	‡1	5	..	23.40	24.65	Nitrolingual Pumpspray [SW]

▪ ISOSORBIDE DINITRATE

isosorbide dinitrate 5 mg sublingual tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2588F NP	2	2	..	*18.57	19.82	Isordil Sublingual [RW]

▪ ISOSORBIDE MONONITRATE

isosorbide mononitrate 120 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8273K NP	1	5	..	18.80	20.05	[a] Monodur 120 mg [IY]
			[B]3.37	22.17	20.05	[a] Imdur 120 mg [IX]

isosorbide mononitrate 60 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1558B NP	1	5	..	15.16	16.41	[a] APO-Isosorbide Mononitrate [TX]	[a] Chem mart Isosorbide Mononitrate [CH]
						[a] Duride [AF]	[a] GenRx Isosorbide Mononitrate [GX]
						[a] ISOBIDE MR [RF]	[a] Isomonit [SZ]
						[a] Isosorbide AN [EA]	[a] Terry White Chemists Isosorbide Mononitrate [TW]
			[B]2.48	17.64	16.41	[a] Monodur 60 mg [IY]	
			[B]3.37	18.53	16.41	[a] Imdur Durule [IX]	

Other vasodilators used in cardiac diseases

▪ NICORANDIL

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.

nicorandil 10 mg tablet, 60

8228C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	21.71	22.96	[a] Ikorel [SW]	[a] Ikotab [QA]

nicorandil 20 mg tablet, 60

8229D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	25.73	26.98	[a] Ikorel [SW]	[a] Ikotab [QA]

▪ PERHEXILINE

Note Regular monitoring of drug serum levels is recommended.

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.

Authority required (STREAMLINED)

5592
Angina

Clinical criteria:

- The condition must not be responding to other therapy.

perhexiline maleate 100 mg tablet, 100

1822X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.97	40.30	Pexsig [QA]

OTHER CARDIAC PREPARATIONS

Other cardiac preparations

▪ IVABRADINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4979
Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II or III, **AND**
- Patient must be in sinus rhythm, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%, **AND**
- Patient must have a resting heart rate at or above 77 bpm at the time ivabradine treatment is initiated, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated.

Resting heart rate should be measured by ECG or echocardiography, after 5 minutes rest.

The ECG or echocardiography, result must be documented in the patient's medical records when treatment is initiated.

ivabradine 5 mg tablet, 56

10012Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	44.84	40.30	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

ivabradine 7.5 mg tablet, 56

2960T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	44.84	40.30	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

▪ ANTIHYPERTENSIVES

ANTIADRENERGIC AGENTS, CENTRALLY ACTING

Methyldopa

▪ METHYLDOPA

methyldopa 250 mg tablet, 100

1629R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	20.28	21.53	[a] Hydopa [AF]

[B]3.08	23.36	21.53	[a] Aldomet [AS]		

NP *Imidazoline receptor agonists*

▪ CLONIDINE

clonidine hydrochloride 100 microgram tablet, 100

3145M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	27.06	28.31	[a] APO-Clonidine [TX]	[a] Catapres 100 [BY]

NP

clonidine hydrochloride 150 microgram tablet, 100

3141H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	33.01	34.26	Catapres [BY]

NP

▪ GUANFACINE

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

9034

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.

Authority required (STREAMLINED)

9031

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Authority required (STREAMLINED)

8544

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must be receiving a maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine) which has been stable for at least four weeks, **AND**
- The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine), **AND**
- Patient must be experiencing residual moderate to severe ADHD symptoms resulting in impaired functioning (social, academic or occupational), present in at least one setting (home, nursery/school/college/work, friends or family homes or other environment).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.

Authority required (STREAMLINED)

8585

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine).

guanfacine 1 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11452R	1	5	..	124.11	40.30	Intuniv [ZI]

guanfacine 2 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11451Q	1	5	..	124.11	40.30	Intuniv [ZI]

guanfacine 3 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11440D	1	5	..	124.11	40.30	Intuniv [ZI]

guanfacine 4 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11441E	1	5	..	124.11	40.30	Intuniv [ZI]

▪ MOXONIDINE

Restricted benefit

Hypertension

Clinical criteria:

- Patient must be receiving concurrent antihypertensive therapy.

moxonidine 200 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9019Q NP	1	5	..	20.15	21.40	[a] APO-Moxonidine [TX] [a] Moxonidine GX [SZ] [a] Physiotens [GO]	[a] Moxonidine GH [GQ] [a] Moxonidine MYL [AF]

moxonidine 400 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9020R NP	1	5	..	26.25	27.50	[a] APO-Moxonidine [TX] [a] Moxonidine GX [SZ] [a] Physiotens [GO]	[a] Moxonidine GH [GQ] [a] Moxonidine MYL [AF]

ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING

Alpha-adrenoreceptor antagonists

▪ PRAZOSIN

prazosin 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1479W NP	1	5	..	15.61	16.86	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1480X NP	1	5	..	17.36	18.61	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1478T NP	1	5	..	22.04	23.29	[a] APO-Prazosin [TX]	[a] Minipress [PF]

ARTERIOLAR SMOOTH MUSCLE, AGENTS ACTING ON

Hydrazinophthalazine derivatives

▪ HYDRALAZINE

hydralazine hydrochloride 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1640H NP	2	2	..	*19.17	20.42	Alphapress 25 [AF]

hydralazine hydrochloride 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1639G NP	2	2	..	*20.41	21.66	Alphapress 50 [AF]

Pyrimidine derivatives

▪ MINOXIDIL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Severe refractory hypertension

Clinical criteria:

- The treatment must be initiated by a consultant physician.

minoxidil 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2313R NP	1	5	..	51.24	40.30	Loniten [PF]

▪ DIURETICS

LOW-CEILING DIURETICS, THIAZIDES

Thiazides, plain

▪ HYDROCHLOROTHIAZIDE

hydrochlorothiazide 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1484D NP	1	1	..	21.95	23.20	Dithiazide [FF]

LOW-CEILING DIURETICS, EXCL. THIAZIDES

Sulfonamides, plain

▪ CHLORTALIDONE

chlortalidone 25 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1585K NP	2	1	..	*19.37	20.62	Hygroton 25 [GH]

▪ INDAPAMIDE

indapamide hemihydrate 1.5 mg modified release tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8532C NP	1	1	..	19.19	20.44	[a] APO-Indapamide SR [TX] [a] Odaplix SR [AF]	[a] INDAPAMIDE AN SR [EA] [a] Tenaxil SR [RW]
			[B]7.15	26.34	20.44	[a] Natrilix SR [SE]	

indapamide hemihydrate 2.5 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2436F NP	1	1	..	16.76	18.01	[a] Dapa-Tabs [AF] [a] Indapamide AN [EA] [a] Insig [RW]	[a] GenRx Indapamide [GX] [a] Indapamide Sandoz [SZ]
			[B]7.58	24.34	18.01	[a] Natrilix [SE]	

HIGH-CEILING DIURETICS

Sulfonamides, plain

▪ FUROSEMIDE (FRUSEMIDE)

furosemide (frusemide) 20 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2413B NP	1	..	..	12.80	14.05	[a] Frusemide-Claris [BX] [a] Lasix [SW]	[a] Frusemide Sandoz [SZ]

furosemide (frusemide) 10 mg/mL oral liquid, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2411X NP	‡1	3	..	27.50	28.75	Lasix [SW]

furosemide (frusemide) 40 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2412Y NP	1	1	..	13.16	14.41	Urex [RW] [a] APO-Frusemide [TX] [a] Frusax [ER] [a] FUROSEMIDE AN [EA] [a] Uremide [AF]	[a] Chem mart Frusemide [CH] [a] Frusemide Sandoz [SZ] [a] Terry White Chemists Frusemide [TW]

			[B]2.40	15.56	14.41	[a] Lasix [SW]

furosemide (frusemide) 500 mg tablet, 50

2415D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	19.31	20.56	Urex-Forte [RW]

▪ FUROSEMIDE (FRUSEMIDE)

Note For item codes 2414C and 1810G, pharmaceutical benefits that have the form tablet 20 mg are equivalent for the purposes of substitution.

furosemide (frusemide) 20 mg tablet, 50

1810G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*13.17	14.42	[a] Urex-M [RW]
		[B]2.40	*15.57	14.42	[a] Lasix-M [SW]

furosemide (frusemide) 20 mg tablet, 100

2414C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	13.16	14.41	[a] APO-Frusemide [TX] [a] FUROSEMIDE AN [EA]	[a] Chem mart Frusemide [CH] [a] Terry White Chemists Frusemide [TW]

Aryloxyacetic acid derivatives

▪ ETACRYNIC ACID

Restricted benefit

Patients hypersensitive to other oral diuretics

etacrynic acid 25 mg tablet, 100

8748K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*152.43	40.30	Edecrin [FK]

POTASSIUM-SPARING AGENTS

Aldosterone antagonists

▪ EPLERENONE

Caution Serum electrolytes should be checked regularly

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4937

Heart failure with a left ventricular ejection fraction of 40% or less

Clinical criteria:

- The condition must occur within 3 to 14 days following an acute myocardial infarction, **AND**
- The treatment must be commenced within 14 days of an acute myocardial infarction.

The date of the acute myocardial infarction and the date of initiation of treatment with this drug must be documented in the patient's medical records when PBS-subsidised treatment is initiated

eplerenone 25 mg tablet, 30

8879H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	80.07	40.30	[a] APO-Eplerenone [TX] [a] ESPLER [RW] [a] Inspra [PF]	[a] Eplerenone AN [EA] [a] Inpler [AF]

eplerenone 50 mg tablet, 30

8880J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	80.07	40.30	[a] APO-Eplerenone [TX] [a] ESPLER [RW] [a] Inspra [PF]	[a] Eplerenone AN [EA] [a] Inpler [AF]

▪ SPIRONOLACTONE

Caution Serum electrolytes should be checked regularly

Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.

spironolactone 100 mg tablet, 100

2340E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	31.22	32.47	[a] Spiractin 100 [AF]
		[B]7.49	38.71	32.47	[a] Aldactone [PF]

spironolactone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2339D NP	1	5	..	16.50	17.75	[a] Spiractin 25 [AF]
			[B]7.50	24.00	17.75	[a] Aldactone [PF]

DIURETICS AND POTASSIUM-SPARING AGENTS IN COMBINATION

Low-ceiling diuretics and potassium-sparing agents

▪ AMILORIDE + HYDROCHLOROTHIAZIDE

Caution Serum electrolytes should be checked regularly.

amiloride hydrochloride dihydrate 5 mg + hydrochlorothiazide 50 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1486F NP	2	1	..	*17.65	18.90	Moduretic [AS]

▪ HYDROCHLOROTHIAZIDE + TRIAMTERENE

Caution Serum electrolytes should be checked regularly.

hydrochlorothiazide 25 mg + triamterene 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1280J NP	1	1	..	17.11	18.36	Hydrene 25/50 [AF]

OTHER DIURETICS

Vasopressin antagonists

▪ TOLVAPTAN

Caution Tolvaptan has been associated with idiosyncratic hepatic toxicity. Liver function monitoring is required.

Authority required (STREAMLINED)

8288

Autosomal dominant polycystic kidney disease (ADPKD)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a nephrologist or in consultation with a nephrologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have end-stage renal disease defined as an estimated glomerular filtration rate (eGFR) of less than 15 mL/min/1.73m^2, **AND**
- Patient must not have had a kidney transplant.

tolvaptan 15 mg tablet [28] (&) tolvaptan 45 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11600M	1	5	..	1816.37	40.30	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 90 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11596H	1	5	..	1816.37	40.30	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 60 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11593E	1	5	..	1816.37	40.30	Jinarc [OS]

▪ TOLVAPTAN

Caution Tolvaptan has been associated with idiosyncratic hepatic toxicity. Liver function monitoring is required.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Autosomal dominant polycystic kidney disease (ADPKD)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a nephrologist.

Clinical criteria:

- Patient must have an estimated glomerular filtration rate (eGFR) between 30 and 89 mL/min 1.73 m^2 at the initiation of treatment with this drug for this condition, **AND**
- Patient must have or have had rapidly progressing disease at the time of initiation of this drug for this condition.

Rapidly progressing disease is defined as either of the following:

A decline in eGFR of greater than or equal to 5 mL/min/1.73 m^2 within one year;

OR

an average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m^2 per year over a five year period.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Autosomal dominant polycystic kidney disease PBS Authority Application - Supporting Information Form which includes the following:

(i) The eGFR at initiation of treatment; and

(ii) Confirmation that the patient has rapidly progressing disease or had rapidly progressing disease at the time treatment with this drug for this condition was initiated as defined as a decline in eGFR of greater than or equal to 5 mL/min/1.73 m^2 within one year or an average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m^2 per year over a five year period.

tolvaptan 15 mg tablet [28] (&) tolvaptan 45 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11602P	1	5	..	1816.37	40.30	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 90 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11588X	1	5	..	1816.37	40.30	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 60 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11597J	1	5	..	1816.37	40.30	Jinarc [OS]

▪ PERIPHERAL VASODILATORS

PERIPHERAL VASODILATORS

Other peripheral vasodilators

▪ PHENOXYBENZAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Phaeochromocytoma

Restricted benefit

Neurogenic urinary retention

phenoxybenzamine hydrochloride 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1862B NP	1	5	..	948.46	40.30	Dibenyline [GH]

phenoxybenzamine hydrochloride 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9286R NP	1	5	..	948.46	40.30	Dibenzyline [BZ]

phenoxybenzamine hydrochloride 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1166J NP	3	5	..	*854.11	40.30	Amdipharm Mercury (Australia) Pty Limited [GH]

▪ BETA BLOCKING AGENTS

BETA BLOCKING AGENTS

Beta blocking agents, non-selective

▪ OXPRENOLOL

oxprenolol hydrochloride 40 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2961W NP	1	5	..	41.79	40.30	Corbeton 40 [AF]

▪ PINDOLOL

pindolol 5 mg tablet, 100

3062E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	32.36	33.61	Barbloc 5 [AF]

▪ PROPRANOLOL

propranolol hydrochloride 10 mg tablet, 100

2565B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	14.23	15.48	[a] APO-Propranolol [TX]
		[B]2.99	17.22	15.48	[a] Deralin 10 [AF]
		[B]3.75	17.98	15.48	[a] Inderal [AP]

propranolol hydrochloride 160 mg tablet, 50

2899N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.20	19.45	Deralin 160 [AF]

propranolol hydrochloride 40 mg tablet, 100

2566C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	14.50	15.75	[a] APO-Propranolol [TX]
		[B]2.99	17.49	15.75	[a] Deralin 40 [AF]
		[B]3.75	18.25	15.75	[a] Inderal [AP]

Beta blocking agents, selective

▪ ATENOLOL

atenolol 50 mg tablet, 30

1081X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	12.62	13.87	[a] APO-Atenolol [TX] [a] Atenolol-GA [ED] [a] Atenolol Sandoz [SZ] [a] Noten [AF] [a] Tensig [RW]	[a] Atenolol Amneal [EF] [a] Atenolol GH [GQ] [a] Chem mart Atenolol [CH] [a] Tenolten 50 [DO] [a] Terry White Chemists Atenolol [TW]
		[B]6.74	19.36	13.87	[a] Tenormin [AP]	

▪ ATENOLOL

Restricted benefit

For a patient who is unable to take a solid dose form of atenolol.

atenolol 50 mg/10 mL oral liquid, 300 mL

2243C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	29.76	31.01	Atenolol-AFT [AE]

▪ BISOPROLOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

bisoprolol fumarate 10 mg tablet, 28

8606Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.02	23.27	[a] APO-Bisoprolol [TX] [a] Bicard 10 [RW] [a] Bisoprolol generichealth [GQ] [a] Bispro 10 [AF] [a] Terry White Chemists Bisoprolol [TW]	[a] Beprol 10 [DO] [a] Bisoprolol AN [EA] [a] Bisoprolol Sandoz [SZ] [a] Chem mart Bisoprolol [CH]
		[B]6.70	28.72	23.27	[a] Bicor [AL]	

bisoprolol fumarate 2.5 mg tablet, 28

8604W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.23	19.48	[a] APO-Bisoprolol [TX] [a] Bicard 2.5 [RW] [a] Bisoprolol generichealth [GQ]	[a] Beprol 2.5 [DO] [a] Bisoprolol AN [EA] [a] Bisoprolol Sandoz [SZ]

						[a] Bispro 2.5 [AF] [a] Terry White Chemists Bisoprolol [TW]	[a] Chem mart Bisoprolol [CH]
			[B]6.70	24.93	19.48	[a] Bicor [AL]	

bisoprolol fumarate 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8605X NP	1	5	..	19.91	21.16	[a] APO-Bisoprolol [TX] [a] Bicard 5 [RW] [a] Bisoprolol generichealth [GQ] [a] Bispro 5 [AF] [a] Terry White Chemists Bisoprolol [TW]	[a] Beprol 5 [DO] [a] Bisoprolol AN [EA] [a] Bisoprolol Sandoz [SZ] [a] Chem mart Bisoprolol [CH]
			[B]6.70	26.61	21.16	[a] Bicor [AL]	

▪ METOPROLOL SUCCINATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

METOPROLOL SUCCINATE Tablet 190 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8735R NP	1	5	..	58.07	40.30	[a] Metrol-XL 190 [RW] [a] Toprol-XL 190 [AP]	[a] Minax XL [AF]

METOPROLOL SUCCINATE Tablet 23.75 mg (controlled release), 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8732N NP	1	..	..	17.80	19.05	[a] Metrol-XL 23.75 [RW]	[a] Minax XL [AF]

METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8733P NP	1	5	..	41.31	40.30	[a] Metrol-XL 47.5 [RW] [a] Toprol-XL 47.5 [AP]	[a] Minax XL [AF]

METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8734Q NP	1	5	..	48.75	40.30	[a] Metrol-XL 95 [RW] [a] Toprol-XL 95 [AP]	[a] Minax XL [AF]

▪ METOPROLOL TARTRATE

METOPROLOL TARTRATE Tablet 100 mg, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1325R NP	1	5	..	13.91	15.16	[a] Metoprolol AN [EA] [b] APO-Metoprolol [TX] [b] Metoprolol Sandoz [SZ] [b] Minax 100 [AF]	[a] Mistrom [ER] [b] Chem mart Metoprolol [CH] [b] Metrol 100 [RW] [b] Terry White Chemists Metoprolol [TW]
			[B]1.80	15.71	15.16	[a] Lopresor 100 [NV]	
			[B]3.76	17.67	15.16	[b] Betaloc [AP]	

METOPROLOL TARTRATE Tablet 50 mg, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1324Q NP	1	5	..	13.38	14.63	[a] Metoprolol AN [EA] [b] APO-Metoprolol [TX] [b] Metoprolol Sandoz [SZ] [b] Minax 50 [AF]	[a] Mistrom [ER] [b] Chem mart Metoprolol [CH] [b] Metrol 50 [RW] [b] Terry White Chemists Metoprolol [TW]
			[B]1.80	15.18	14.63	[a] Lopresor 50 [NV]	
			[B]3.76	17.14	14.63	[b] Betaloc [AP]	

▪ NEBIVOLOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

nebivolol 1.25 mg tablet, 28

9316H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*43.17	40.30	[a] APO-Nebivolol [TX]	[a] Nebilet [FK]

nebivolol 10 mg tablet, 28

9312D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	56.17	40.30	[a] APO-Nebivolol [TX]	[a] Nebilet [FK]

nebivolol 5 mg tablet, 28

9311C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	51.03	40.30	[a] APO-Nebivolol [TX]	[a] Nebilet [FK]

Alpha and beta blocking agents

▪ CARVEDILOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Restricted benefit

Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002

carvedilol 12.5 mg tablet, 60

8257N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.25	23.50	[a] APO-Carvedilol [TX] [a] Carvedilol Sandoz [SZ] [a] Dilatrend 12.5 [PB] [a] Volirop 12.5 [DO]	[a] Carvedilol AN [EA] [a] Dicarz [AF] [a] Vedilol 12.5 [RW]

carvedilol 25 mg tablet, 60

8258P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.94	26.19	[a] APO-Carvedilol [TX] [a] Carvedilol Sandoz [SZ] [a] Dilatrend 25 [PB] [a] Volirop 25 [DO]	[a] Carvedilol AN [EA] [a] Dicarz [AF] [a] Vedilol 25 [RW]

carvedilol 3.125 mg tablet, 30

8255L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.52	15.77	[a] APO-Carvedilol [TX] [a] Vedilol 3.125 [RW]	[a] Carvedilol AN [EA] [a] Volirop 3.125 [DO]

carvedilol 6.25 mg tablet, 60

8256M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.09	21.34	[a] APO-Carvedilol [TX] [a] Carvedilol Sandoz [SZ] [a] Dilatrend 6.25 [PB] [a] Volirop 6.25 [DO]	[a] Carvedilol AN [EA] [a] Dicarz [AF] [a] Vedilol 6.25 [RW]

▪ LABETALOL

labetalol hydrochloride 100 mg tablet, 100

1566K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	24.73	25.98	[a] Presolol 100 [AF]
		[B]3.50	28.23	25.98	[a] Trandate [QA]

labetalol hydrochloride 200 mg tablet, 100

1567L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	24.73	25.98	[a] Presolol 200 [AF]
		[B]3.50	28.23	25.98	[a] Trandate [QA]

CALCIUM CHANNEL BLOCKERS

SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS

Dihydropyridine derivatives

AMLODIPINE

amlodipine 5 mg tablet, 30

2751T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	12.37	13.62	[a] Amlo 5 [RW]	[a] Amlodipine Amneal [EF]
						[a] Amlodipine AN [EA]	[a] Amlodipine APOTEX [GX]
						[a] Amlodipine GH [GQ]	[a] Amlodipine Sandoz [SZ]
						[a] APO-Amlodipine [TX]	[a] Auro-Amlodipine 5 [DO]
						[a] Blooms the Chemist Amlodipine [IB]	[a] BTC Amlodipine [JB]
						[a] Chem mart Amlodipine [CH]	[a] Nordip [AF]
						[a] Norvapine [ED]	[a] Pharmacor Amlodipine [CR]
						[a] Terry White Chemists Amlodipine [TW]	
			[B]9.20	21.57	13.62	[a] Norvasc [PF]	

amlodipine 10 mg tablet, 30

2752W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.06	14.31	[a] Amlo 10 [RW]	[a] Amlodipine Amneal [EF]
						[a] Amlodipine AN [EA]	[a] Amlodipine APOTEX [GX]
						[a] Amlodipine GH [GQ]	[a] Amlodipine Sandoz [SZ]
						[a] APO-Amlodipine [TX]	[a] Auro-Amlodipine 10 [DO]
						[a] Blooms the Chemist Amlodipine [IB]	[a] BTC Amlodipine [JB]
						[a] Chem mart Amlodipine [CH]	[a] Nordip [AF]
						[a] Norvapine [ED]	[a] Pharmacor Amlodipine [CR]
						[a] Terry White Chemists Amlodipine [TW]	
			[B]9.20	22.26	14.31	[a] Norvasc [PF]	

FELODIPINE

felodipine 5 mg modified release tablet, 30

2366M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.51	16.76	[a] Felodil XR 5 [RW]	[a] Felodur ER 5 mg [TX]
						[a] Fendex ER [AF]	
			[B]2.09	17.60	16.76	[a] Plendil ER [GX]	

felodipine 10 mg modified release tablet, 30

2367N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.78	20.03	[a] Felodil XR 10 [RW]	[a] Felodur ER 10 mg [TX]
						[a] Fendex ER [AF]	
			[B]2.09	20.87	20.03	[a] Plendil ER [GX]	

felodipine 2.5 mg modified release tablet, 30

2361G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.29	15.54	[a] Felodur ER 2.5 mg [TX]	[a] Fendex ER [AF]
			[B]2.08	16.37	15.54	[a] Plendil ER [GX]	

LERCANIDIPINE

lercanidipine hydrochloride 10 mg tablet, 28

8534E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.58	14.83	[a] APO-Lercanidipine [TX]	[a] Blooms the Chemist Lercanidipine [IB]
						[a] BTC Lercanidipine [JB]	[a] Lercadip [EA]
						[a] Lercan [RW]	[a] Lercanidipine APOTEX [GX]
						[a] Lercanidipine Sandoz [SZ]	[a] Zircol 10 [AL]
			[B]3.50	17.08	14.83	[a] Zanidip [GO]	

lercanidipine hydrochloride 20 mg tablet, 28

8679T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.97	16.22	[a] APO-Lercanidipine [TX]	[a] Blooms the Chemist Lercanidipine [IB]
						[a] BTC Lercanidipine [JB]	[a] Lercadip [EA]
						[a] Lercan [RW]	[a] Lercanidipine APOTEX [GX]
						[a] Lercanidipine Sandoz [SZ]	[a] Zircol 20 [AL]
			[B]3.50	18.47	16.22	[a] Zanidip [GO]	

▪ NIFEDIPINE

nifedipine 10 mg tablet, 60

1694E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	16.47	17.72	Adefin 10 [AF]

nifedipine 20 mg tablet, 60

1695F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.62	18.87	Adefin 20 [AF]

nifedipine 20 mg modified release tablet, 30

8610E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.86	19.11	Adalat Oros 20mg [BN]

nifedipine 30 mg modified release tablet, 30

1906H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.37	19.62	[a] Addos XR 30 [RW] [a] APO-Nifedipine XR [TX]	[a] Adefin XL 30 [AF]
		[B]4.67	23.04	19.62	[a] Adalat Oros 30 [BN]	

nifedipine 60 mg modified release tablet, 30

1907J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.14	21.39	[a] Addos XR 60 [RW] [a] APO-Nifedipine XR [TX]	[a] Adefin XL 60 [AF]
		[B]4.81	24.95	21.39	[a] Adalat Oros 60 [BN]	

SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS

Phenylalkylamine derivatives

▪ VERAPAMIL

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

verapamil hydrochloride 180 mg modified release tablet, 30

2208F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.51	18.76	[a] Cordilox 180 SR [GT]
		[B]3.50	21.01	18.76	[a] Isoptin 180 SR [GO]

verapamil hydrochloride 240 mg modified release tablet, 30

1241H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	19.52	20.77	[a] Cordilox SR [GT]
		[B]3.50	23.02	20.77	[a] Isoptin SR [GO]

verapamil hydrochloride 40 mg tablet, 100

1248Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	16.35	17.60	Anpec 40 [AF]

verapamil hydrochloride 80 mg tablet, 100

1250T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.95	20.20	[a] Anpec 80 [AF]
		[B]3.50	22.45	20.20	[a] Isoptin [GO]

Benzothiazepine derivatives

▪ DILTIAZEM

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

diltiazem hydrochloride 180 mg modified release capsule, 30

1312C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.20	19.45	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
		[B]1.90	20.10	19.45	[a] Cardizem CD [SW]	

diltiazem hydrochloride 240 mg modified release capsule, 30

1313D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.57	21.82	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
		[B]1.90	22.47	21.82	[a] Cardizem CD [SW]	

diltiazem hydrochloride 360 mg modified release capsule, 30

8480H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.39	24.64	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
		[B]1.90	25.29	24.64	[a] Cardizem CD [SW]	

diltiazem hydrochloride 60 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1335G NP	1	5	..	17.54	18.79	[a] Diltiazem Actavis [ED] [a] Diltiazem Sandoz [SZ]	[a] Diltiazem AN [EA]
			[B]1.90	19.44	18.79	[a] Cardizem [SW]	[a] Vasocardol [AV]

AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM

ACE INHIBITORS, PLAIN

ACE inhibitors, plain

CAPTOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

captopril 12.5 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1147J NP	1	5	..	14.83	16.08	Captopril Sandoz [SZ]

captopril 25 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1148K NP	1	5	..	16.33	17.58	[a] Captopril Sandoz [SZ]
			[B]3.95	20.28	17.58	[a] Zedace [AF]
			[B]4.67	21.00	17.58	[a] Capoten [RW]

captopril 50 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1149L NP	1	5	..	21.04	22.29	[a] Captopril Sandoz [SZ]
			[B]3.90	24.94	22.29	[a] Capoten [RW]
			[B]3.94	24.98	22.29	[a] Zedace [AF]

CAPTOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Patients unable to take a solid dose form of an ACE inhibitor.

captopril 5 mg/mL oral liquid, 95 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8760C NP	‡1	5	..	107.30	40.30	Capoten [RW]

ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

enalapril maleate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1368B NP	1	5	..	14.57	15.82	[a] Acetec [AL] [a] Enalapril Actavis [ED] [a] Enalapril Sandoz [SZ]	[a] APO-Enalapril [TX] [a] Enalapril generichealth [GQ] [a] Malean [RW]
			[B]6.40	20.97	15.82	[a] Renitec [MK]	

enalapril maleate 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1369C NP	1	5	..	15.40	16.65	[a] Acetec [AL] [a] Enalapril Actavis [ED] [a] Enalapril Sandoz [SZ]	[a] APO-Enalapril [TX] [a] Enalapril generichealth [GQ] [a] Malean [RW]
			[B]6.40	21.80	16.65	[a] Renitec 20 [MK]	

enalapril maleate 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1370D NP	1	5	..	13.35	14.60	[a] Acetec [AL] [a] Enalapril Actavis [ED] [a] Enalapril Sandoz [SZ]	[a] APO-Enalapril [TX] [a] Enalapril generichealth [GQ] [a] Malean [RW]

FOSINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

fosinopril sodium 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1182F NP	1	5	..	15.97	17.22	[a] APO-Fosinopril [TX] [a] Monace 10 [AF]	[a] Fosipril 10 [RW]

fosinopril sodium 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1183G NP	1	5	..	18.19	19.44	[a] APO-Fosinopril [TX] [a] Monace 20 [AF]	[a] Fosipril 20 [RW]

▪ LISINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

lisinopril 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2457H NP	1	5	..	14.72	15.97	[a] APO-Lisinopril [TX] [a] Fibsol 10 [RW] [a] Lisinopril generichealth [GQ] [a] Zinopril 10 [AL]	[a] Auro-Lisinopril 10 [DO] [a] Lisinopril AN [EA] [a] Lisinopril Sandoz [SZ]
			[B]3.76	18.48	15.97	[a] Zestril [AP]	

lisinopril 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2458J NP	1	5	..	15.56	16.81	[a] APO-Lisinopril [TX] [a] Fibsol 20 [RW] [a] Lisinopril generichealth [GQ] [a] Zinopril 20 [AL]	[a] Auro-Lisinopril 20 [DO] [a] Lisinopril AN [EA] [a] Lisinopril Sandoz [SZ]
			[B]3.76	19.32	16.81	[a] Zestril [AP]	

lisinopril 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2456G NP	1	5	..	13.64	14.89	[a] APO-Lisinopril [TX] [a] Fibsol 5 [RW] [a] Lisinopril generichealth [GQ] [a] Zinopril 5 [AL]	[a] Auro-Lisinopril 5 [DO] [a] Lisinopril AN [EA] [a] Lisinopril Sandoz [SZ]
			[B]3.76	17.40	14.89	[a] Zestril [AP]	

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 2 mg tablet and pharmaceutical benefits that have the form perindopril arginine 2.5 mg tablet are equivalent for the purposes of substitution.

perindopril erbumine 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3050M NP	1	5	..	13.02	14.27	[a] APO-Perindopril [TX] [a] Chem mart Perindopril [CH] [a] Indosyl Mono 2 [RW] [a] Perindopril Actavis 2 [EA] [a] Terry White Chemists Perindopril [TW]	[a] Blooms the Chemist Perindopril [IB] [a] Idaprex 2 [SZ] [a] Perindo [AF] [a] Perindopril AN [EF]

perindopril arginine 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9006B NP	1	5	..	13.02	14.27	[a] APO-Perindopril Arginine [TX]	[a] PREXUM 2.5 [RW]
			[B]7.32	20.34	14.27	[a] Coversyl 2.5mg [SE]	

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 4 mg tablet and pharmaceutical benefits that have the form perindopril arginine 5 mg tablet are equivalent for the purposes of substitution.

perindopril erbumine 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3051N NP	1	5	..	14.34	15.59	[a] APO-Perindopril [TX] [a] Chem mart Perindopril [CH] [a] Indosyl Mono 4 [RW] [a] Perindopril Actavis 4 [ED] [a] Perindopril generichealth [GQ]	[a] Blooms the Chemist Perindopril [IB] [a] Idaprex 4 [SZ] [a] Perindo [AF] [a] Perindopril AN [EF] [a] Terry White Chemists Perindopril [TW]

perindopril arginine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9007C NP	1	5	..	14.34	15.59	[a] APO-Perindopril Arginine [TX]	[a] PREXUM 5 [RW]
			[B]7.01	21.35	15.59	[a] Coversyl 5mg [SE]	

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 8 mg tablet and pharmaceutical benefits that have the form perindopril arginine 10 mg tablet are equivalent for the purposes of substitution.

perindopril erbumine 8 mg tablet, 30

8704D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.86	17.11	[a] APO-Perindopril [TX]	[a] Blooms the Chemist Perindopril [IB]
					[a] Chem mart Perindopril [CH]	[a] Idaprex 8 [SZ]
					[a] Indosyl Mono 8 [RW]	[a] Perindo [AF]
					[a] Perindopril Actavis 8 [ED]	[a] Perindopril AN [EF]
					[a] Perindopril generichealth [GQ]	[a] Terry White Chemists Perindopril [TW]

perindopril arginine 10 mg tablet, 30

9008D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.86	17.11	[a] APO-Perindopril Arginine [TX]	[a] PREXUM 10 [RW]
		[B]7.48	23.34	17.11	[a] Coversyl 10mg [SE]	

▪ QUINAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

quinapril 10 mg tablet, 30

1969P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.47	16.72	[a] ACQUIN [RF]	[a] Acquin Aspen 10 [RW]
					[a] APO-Quinapril [TX]	[a] Qpril 10 [AF]
		[B]4.20	19.67	16.72	[a] Accupril [PF]	

quinapril 20 mg tablet, 30

1970Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.40	17.65	[a] ACQUIN [RF]	[a] Acquin Aspen 20 [RW]
					[a] APO-Quinapril [TX]	[a] Qpril 20 [AF]
					[a] Quinapril generichealth [GQ]	
		[B]4.20	20.60	17.65	[a] Accupril [PF]	

quinapril 5 mg tablet, 30

1968N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.61	15.86	[a] ACQUIN [RF]	[a] Acquin Aspen 5 [RW]
					[a] Qpril 5 [AF]	
		[B]4.20	18.81	15.86	[a] Accupril [PF]	

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 10 mg tablet and pharmaceutical benefits that have the form ramipril 10 mg capsule are equivalent for the purposes of substitution.

ramipril 10 mg capsule, 30

8470T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.78	16.03	[a] APO-Ramipril [TX]	[a] Ramace 10 mg [AV]
					[a] Ramipril AN [EA]	[a] Ramipril Sandoz [SZ]
					[a] Ramipril Winthrop [WA]	[a] Tritace 10 mg [SW]
					[a] Tryzan Caps 10 [AF]	

ramipril 10 mg tablet, 30

1316G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.78	16.03	[a] APO-Ramipril [TX]	[a] Chem mart Ramipril [CH]
					[a] Ramipril AN [EA]	[a] Ramipril Sandoz [SZ]
					[a] Terry White Chemists Ramipril [TW]	[a] Tritace [SW]
					[a] Tryzan Tabs 10 [AF]	

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 1.25 mg tablet and pharmaceutical benefits that have the form ramipril 1.25 mg capsule are equivalent for the purposes of substitution.

ramipril 1.25 mg capsule, 30

9120B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	12.50	13.75	[a] APO-Ramipril [TX]	[a] Tryzan Caps 1.25 [AF]

ramipril 1.25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1944H NP	1	5	..	12.50	13.75	[a] Ramace 1.25 mg [AV] [a] Ramipril Winthrop [WA] [a] Tryzan Tabs 1.25 [AF]	[a] Ramipril Sandoz [SZ] [a] Tritace 1.25 mg [SW]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 2.5 mg tablet and pharmaceutical benefits that have the form ramipril 2.5 mg capsule are equivalent for the purposes of substitution.

ramipril 2.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9121C NP	1	5	..	12.97	14.22	[a] APO-Ramipril [TX]	[a] Tryzan Caps 2.5 [AF]

ramipril 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1945J NP	1	5	..	12.97	14.22	[a] APO-Ramipril [TX] [a] Ramipril AN [EA] [a] Ramipril Winthrop [WA] [a] Tryzan Tabs 2.5 [AF]	[a] Ramace 2.5 mg [AV] [a] Ramipril Sandoz [SZ] [a] Tritace 2.5 mg [SW]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 5 mg tablet and pharmaceutical benefits that have the form ramipril 5 mg capsule are equivalent for the purposes of substitution.

ramipril 5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9122D NP	1	5	..	13.35	14.60	[a] APO-Ramipril [TX]	[a] Tryzan Caps 5 [AF]

ramipril 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1946K NP	1	5	..	13.35	14.60	[a] APO-Ramipril [TX] [a] Ramipril AN [EA] [a] Ramipril Winthrop [WA] [a] Tryzan Tabs 5 [AF]	[a] Ramace 5 mg [AV] [a] Ramipril Sandoz [SZ] [a] Tritace 5 mg [SW]

▪ TRANDOLAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

trandolapril 1 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2792Y NP	1	5	..	15.45	16.70	[a] Dolapril 1 [RW]	[a] Tranalpha [AF]
			[B]3.50	18.95	16.70	[a] Gopten [GO]	

trandolapril 2 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2793B NP	1	5	..	16.26	17.51	[a] Dolapril 2 [RW]	[a] Tranalpha [AF]
			[B]3.50	19.76	17.51	[a] Gopten [GO]	

trandolapril 4 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8758Y NP	1	5	..	20.47	21.72	[a] Dolapril 4 [RW]	[a] Tranalpha [AF]
			[B]3.49	23.96	21.72	[a] Gopten [GO]	

trandolapril 500 microgram capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2791X NP	1	5	..	13.59	14.84	[a] Dolapril 0.5 [RW]	[a] Tranalpha [AF]
			[B]3.50	17.09	14.84	[a] Gopten [GO]	

ACE INHIBITORS, COMBINATIONS

ACE inhibitors and diuretics

▪ ENALAPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR

- The condition must be inadequately controlled with a thiazide diuretic.

enalapril maleate 20 mg + hydrochlorothiazide 6 mg tablet, 30

8477E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	16.85	18.10	[a] Enalapril/HCT Sandoz [SZ]
		[B]6.99	23.84	18.10	[a] Renitec Plus 20/6 [MK]

▪ FOSINOPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a thiazide diuretic.

fosinopril sodium 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

8401E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.88	21.13	[a] APO-Fosinopril HCTZ 20/12.5 [TX] [a] Fosinopril/HCT Actavis 20/12.5 [EA]	[a] Fosetic 20/12.5 [ZP]

▪ PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

perindopril arginine 2.5 mg + indapamide hemihydrate 625 microgram tablet, 30

2190G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	13.46	14.71	[a] PREXUM Combi LD 2.5/0.625 [RW]
		[B]7.88	21.34	14.71	[a] Coversyl Plus LD 2.5mg/0.625mg [SE]

▪ PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate) and pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate) are equivalent for the purposes of substitution.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a thiazide-like diuretic.

perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

8449Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.22	16.47	[a] GenRx Perindopril/ Indapamide 4/1.25 [GX]	[a] Idaprex Combi 4/1.25 [SZ]
					[a] Indosyl Combi 4/1.25 [RW]	[a] Perindopril and Indapamide AN 4/1.25 [EF]
					[a] Perindopril Combi Actavis 4/1.25 [ED]	[a] Perindopril/ Indapamide GH 4/1.25 [GQ]
		[B]2.94	18.16	16.47	[a] Perindo Combi 4/1.25 [AF]	

perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

2845R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.22	16.47	[a] Prexum Combi 5/1.25 [RW]
		[B]7.14	22.36	16.47	[a] Coversyl Plus 5mg/1.25mg [SE]

▪ QUINAPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a thiazide diuretic.

quinapril 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8589C NP	1	5	..	17.04	18.29	Accuretic 10/12.5mg [PF]

quinapril 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8590D NP	1	5	..	17.97	19.22	Accuretic 20/12.5mg [PF]

ACE inhibitors and calcium channel blockers

▪ LERCANIDIPINE + ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

lercanidipine hydrochloride 10 mg + enalapril maleate 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9144G NP	1	5	..	16.46	17.71	Zan-Extra 10/10 [GO]

lercanidipine hydrochloride 10 mg + enalapril maleate 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9145H NP	1	5	..	17.24	18.49	Zan-Extra 10/20 [GO]

▪ PERINDOPRIL + AMLODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

Restricted benefit

Stable coronary heart disease

Clinical criteria:

- The treatment must not be for the initiation of therapy for coronary heart disease, **AND**
- The condition must be stabilised by treatment with perindopril and amlodipine at the same doses.

perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9349C NP	1	5	..	17.44	18.69	[a] APO-Perindopril Arginine/Amlodipine 10/10 [TX]	[a] Reaptan 10/10 [RW]
			[B]7.90	25.34	18.69	[a] Coveram 10/10 [SE]	

perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9348B NP	1	5	..	16.75	18.00	[a] APO-Perindopril Arginine/Amlodipine 10/5 [TX]	[a] Reaptan 10/5 [RW]
			[B]7.59	24.34	18.00	[a] Coveram 10/5 [SE]	

perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9347Y NP	1	5	..	15.92	17.17	[a] APO-Perindopril Arginine/Amlodipine 5/10 [TX]	[a] Reaptan 5/10 [RW]
			[B]7.44	23.36	17.17	[a] Coveram 5/10 [SE]	

perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9346X NP	1	5	..	15.23	16.48	[a] APO-Perindopril Arginine/Amlodipine 5/5 [TX]	[a] Reaptan 5/5 [RW]
			[B]7.13	22.36	16.48	[a] Coveram 5/5 [SE]	

▪ RAMIPRIL + FELODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

ramipril 2.5 mg + felodipine 2.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2626F NP	1	5	..	15.78	17.03	Triasyn 2.5/2.5 [SW]

ramipril 5 mg + felodipine 5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2629J NP	1	5	..	17.38	18.63	Triasyn 5.0/5.0 [SW]

▪ TRANDOLAPRIL + VERAPAMIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero. The myocardial depressant effects of verapamil hydrochloride and of beta-blocking drugs are additive.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with verapamil.

trandolapril 4 mg + verapamil hydrochloride 240 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2857J NP	1	5	..	27.97	29.22	Tarka 4/240 [GO]

trandolapril 2 mg + verapamil hydrochloride 180 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9387C NP	1	5	..	21.90	23.15	Tarka 2/180 [GO]

ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), PLAIN

Angiotensin II receptor blockers (ARBs), plain

▪ CANDESARTAN

candesartan cilexetil 16 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8297Q NP	1	5	..	15.61	16.86	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] Blooms the Chemist Candesartan [IB]	[a] CANDESAN [RF]
						[a] Candesartan AN [EA]	[a] Candesartan Aspen 16 [RW]
						[a] Candesartan GH [GQ]	[a] Candesartan Sandoz [SZ]
			[B]6.69	22.30	16.86	[a] Atacand [AP]	

candesartan cilexetil 32 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8889W NP	1	5	..	16.47	17.72	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] Blooms the Chemist Candesartan [IB]	[a] CANDESAN [RF]
						[a] Candesartan AN [EA]	[a] Candesartan Aspen 32 [RW]
						[a] Candesartan GH [GQ]	[a] Candesartan Sandoz [SZ]
			[B]9.65	26.12	17.72	[a] Atacand [AP]	

candesartan cilexetil 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8295N NP	1	5	..	11.94	13.19	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] Blooms the Chemist Candesartan [IB]	[a] CANDESAN [RF]
						[a] Candesartan AN [EA]	[a] Candesartan Aspen 4 [RW]
						[a] Candesartan Sandoz [SZ]	
			[B]6.69	18.63	13.19	[a] Atacand [AP]	

candesartan cilexetil 8 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8296P NP	1	5	..	12.87	14.12	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] Blooms the Chemist Candesartan [IB]	[a] CANDESAN [RF]
						[a] Candesartan AN [EA]	[a] Candesartan Aspen 8 [RW]
						[a] Candesartan Sandoz [SZ]	
			[B]6.70	19.57	14.12	[a] Atacand [AP]	

▪ EPROSARTAN

eprosartan 400 mg tablet, 28

8397Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	[T]7.00	*30.85	25.10	Teveten [GO]

eprosartan 600 mg tablet, 28

8447N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	[T]3.50	30.47	28.22	Teveten [GO]

▪ EPROSARTAN

Authority required
Adverse effects occurring with all of the base-priced drugs
Authority required
Drug interactions occurring with all of the base-priced drugs
Authority required
Drug interactions expected to occur with all of the base-priced drugs
Authority required
Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance

eprosartan 400 mg tablet, 28

8951D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*30.85	32.10	Teveten [GO]

eprosartan 600 mg tablet, 28

5491B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	30.47	31.72	Teveten [GO]

▪ IRBESARTAN

irbesartan 150 mg tablet, 30

8247C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.32	14.57	[a] Abisart 150 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms the Chemist Irbesartan [IB]
					[a] Chem mart Irbesartan [CH]	[a] Irbesartan Actavis 150 [ED]
					[a] Irbesartan AMNEAL [EF]	[a] Irbesartan AN [EA]
					[a] Irbesartan GH [GQ]	[a] Irbesartan Sandoz [SZ]
					[a] Irprestan 150 [ZP]	[a] Terry White Chemists Irbesartan [TW]
		[B]2.65	15.97	14.57	[a] Avapro [AV]	[a] Karvea [SW]

irbesartan 300 mg tablet, 30

8248D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.17	16.42	[a] Abisart 300 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms the Chemist Irbesartan [IB]
					[a] Chem mart Irbesartan [CH]	[a] Irbesartan Actavis 300 [ED]
					[a] Irbesartan AMNEAL [EF]	[a] Irbesartan AN [EA]
					[a] Irbesartan GH [GQ]	[a] Irbesartan Sandoz [SZ]
					[a] Irprestan 300 [ZP]	[a] Terry White Chemists Irbesartan [TW]
		[B]2.65	17.82	16.42	[a] Avapro [AV]	[a] Karvea [SW]

irbesartan 75 mg tablet, 30

8246B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	12.77	14.02	[a] Abisart 75 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms the Chemist Irbesartan [IB]
					[a] Chem mart Irbesartan [CH]	[a] Irbesartan Actavis 75 [ED]
					[a] Irbesartan AMNEAL [EF]	[a] Irbesartan AN [EA]
					[a] Irbesartan GH [GQ]	[a] Irbesartan Sandoz [SZ]
					[a] Irprestan 75 [ZP]	[a] Terry White Chemists Irbesartan [TW]
		[B]2.65	15.42	14.02	[a] Avapro [AV]	[a] Karvea [SW]

▪ LOSARTAN

losartan potassium 50 mg tablet, 30

8203R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*27.13	28.38	Cozavan [AF]

losartan potassium 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5452Y NP	1	5	..	16.95	18.20	Cozavan [AF]

▪ OLMESARTAN

olmesartan medoxomil 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2148C NP	1	5	..	21.38	22.63	[a] APO-Olmesartan [TX] [a] Olmesartan AN [EA] [a] Olmesartan Sandoz [SZ]	[a] OLMERTAN [RW] [a] Olmesartan - MYL [AF] [a] Pharmacor Olmesartan 40 [CR]
			[B]2.71	24.09	22.63	[a] Olmetec [MK]	

olmesartan medoxomil 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2147B NP	1	5	..	16.15	17.40	[a] APO-Olmesartan [TX] [a] Olmesartan AN [EA] [a] Olmesartan Sandoz [SZ]	[a] OLMERTAN [RW] [a] Olmesartan - MYL [AF] [a] Pharmacor Olmesartan 20 [CR]
			[B]2.70	18.85	17.40	[a] Olmetec [MK]	

▪ TELMISARTAN

telmisartan 40 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8355R NP	1	5	..	13.25	14.50	[a] APO-Telmisartan [TX] [a] Pharmacor Telmisartan 40 [CR] [a] Telmisartan-DRLA [RZ] [a] Telmisartan Sandoz [SZ]	[a] Mizart [AF] [a] Telmisartan AN [EA] [a] Telmisartan GH [GQ] [a] Teltartan [RW]
			[B]3.77	17.02	14.50	[a] Micardis [BY]	

telmisartan 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8356T NP	1	5	..	16.62	17.87	[a] APO-Telmisartan [TX] [a] Pharmacor Telmisartan 80 [CR] [a] Telmisartan-DRLA [RZ] [a] Telmisartan Sandoz [SZ]	[a] Mizart [AF] [a] Telmisartan AN [EA] [a] Telmisartan GH [GQ] [a] Teltartan [RW]
			[B]3.76	20.38	17.87	[a] Micardis [BY]	

▪ VALSARTAN

valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9370E NP	1	5	..	20.66	21.91	Diovan [NV]

valsartan 40 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9368C NP	1	..	..	16.38	17.63	Diovan [NV]

valsartan 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9369D NP	1	5	..	18.63	19.88	Diovan [NV]

▪ VALSARTAN

Note No applications for increased maximum quantities and/or repeats will be authorised for the 320 mg tablet.

valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9371F NP	1	5	..	23.25	24.50	Diovan [NV]

ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), COMBINATIONS

Angiotensin II receptor blockers (ARBs) and diuretics

▪ CANDESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**

- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

8504N NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.91	17.16	[a] Adesan HCT 16/12.5 [AF]	[a] APO-Candesartan HCTZ 16/12.5 [TX]	
					[a] Asartan HCT 16/12.5 [DO]	[a] Blooms the Chemist Candesartan HCTZ 16/12.5 [IB]	
					[a] CANDESAN COMBI 16/12.5 [RF]	[a] Candesartan Combi Aspen 16/12.5 [RW]	
					[a] Candesartan HCT GH 16/12.5 [GQ]	[a] Candesartan/HCT Sandoz [SZ]	
					[a] Candesartan HCTZ AN 16/12.5 [EA]		
			[B]6.69	22.60	17.16	[a] Atacand Plus 16/12.5 [AP]	

candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.66	17.91	[a] Adesan HCT 32/12.5 [AF]	[a] APO-Candesartan HCTZ 32/12.5 [TX]	
					[a] Asartan HCT 32/12.5 [DO]	[a] Blooms the Chemist Candesartan HCTZ 32/12.5 [IB]	
					[a] CANDESAN COMBI 32/12.5 [RF]	[a] Candesartan Combi Aspen 32/12.5 [RW]	
					[a] Candesartan HCT GH 32/12.5 [GQ]	[a] Candesartan/HCT Sandoz [SZ]	
					[a] Candesartan HCTZ AN 32/12.5 [EA]		
			[B]11.38	28.04	17.91	[a] Atacand Plus 32/12.5 [AP]	

candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

9315G NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.49	18.74	[a] Adesan HCT 32/25 [AF]	[a] APO-Candesartan HCTZ 32/25 [TX]	
					[a] Asartan HCT 32/25 [DO]	[a] Blooms the Chemist Candesartan HCTZ 32/25 [IB]	
					[a] CANDESAN COMBI 32/25 [RF]	[a] Candesartan Combi Aspen 32/25 [RW]	
					[a] Candesartan HCT GH 32/25 [GQ]	[a] Candesartan/HCT Sandoz [SZ]	
					[a] Candesartan HCTZ AN 32/25 [EA]		
			[B]10.94	28.43	18.74	[a] Atacand Plus 32/25 [AP]	

▪ EPROSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

eprosartan 600 mg + hydrochlorothiazide 12.5 mg tablet, 28

8624X NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	28.45	29.70	Teveten Plus 600/12.5 [GO]	

▪ IRBESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

8404H NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.59	14.84	[a] Abisart HCTZ 150/12.5 [AL]	[a] APO-Irbesartan HCTZ [TX]	
					[a] AVSARTAN HCT 150/12.5 [RF]	[a] Blooms the Chemist Irbesartan HCTZ 150/12.5 [IB]	

						[a] Chem mart Irbesartan HCTZ [CH]	[a] Irbesartan HCT Actavis 150/12.5 [ED]
						[a] Irbesartan HCT GH 150/12.5 [GQ]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] Irbesartan HCTZ AMNEAL [EF]	[a] KSART HCT 150/12.5 [RW]
						[a] Terry White Chemists Irbesartan HCTZ [TW]	
			[B]2.65	16.24	14.84	[a] Avapro HCT 150/12.5 [AV]	[a] Karvezide 150/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

8405J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.35	16.60	[a] Abisart HCTZ 300/12.5 [AL]	[a] APO-Irbesartan HCTZ [TX]
						[a] AVSARTAN HCT 300/12.5 [RF]	[a] Blooms the Chemist Irbesartan HCTZ 300/12.5 [IB]
						[a] Chem mart Irbesartan HCTZ [CH]	[a] Irbesartan HCT Actavis 300/12.5 [ED]
						[a] Irbesartan HCT GH 300/12.5 [GQ]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] Irbesartan HCTZ AMNEAL [EF]	[a] KSART HCT 300/12.5 [RW]
						[a] Terry White Chemists Irbesartan HCTZ [TW]	
			[B]2.65	18.00	16.60	[a] Avapro HCT 300/12.5 [AV]	[a] Karvezide 300/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

2136K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.69	16.94	[a] Abisart HCTZ 300/25 [AL]	[a] APO-Irbesartan HCTZ [TX]
						[a] AVSARTAN HCT 300/25 [RF]	[a] Blooms the Chemist Irbesartan HCTZ 300/25 [IB]
						[a] Chem mart Irbesartan HCTZ [CH]	[a] Irbesartan HCT Actavis 300/25 [ED]
						[a] Irbesartan HCT GH 300/25 [GQ]	[a] Irbesartan/HCT Sandoz [SZ]
						[a] Irbesartan HCTZ AMNEAL [EF]	[a] KSART HCT 300/25 [RW]
						[a] Terry White Chemists Irbesartan HCTZ [TW]	
			[B]2.65	18.34	16.94	[a] Avapro HCT 300/25 [AV]	[a] Karvezide 300/25 [SW]

▪ OLMESARTAN MEDOXOMIL + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

2161R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.66	18.91	[a] APO-Olmesartan/HCTZ 20/12.5 [TX]	[a] OLMERTAN COMBI 20/12.5 [RW]
						[a] Olmesartan HCT AN 20/12.5 [EA]	[a] Olmesartan HCT - MYL 20/12.5 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] Pharmacor Olmesartan HCTZ 20/12.5 [CR]
			[B]1.63	19.29	18.91	[a] Olmetec Plus [MK]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

2166B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.93	24.18	[a] APO-Olmesartan/HCTZ 40/12.5 [TX]	[a] OLMERTAN COMBI 40/12.5 [RW]
						[a] Olmesartan HCT AN 40/12.5 [EA]	[a] Olmesartan HCT - MYL 40/12.5 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] Pharmacor Olmesartan HCTZ 40/12.5 [CR]
			[B]1.59	24.52	24.18	[a] Olmetec Plus [MK]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

2170F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	24.43	25.68	[a] APO-Olmesartan/HCTZ 40/25 [TX]	[a] OLMERTAN COMBI 40/25 [RW]
						[a] Olmesartan HCT AN 40/25 [EA]	[a] Olmesartan HCT - MYL 40/25 [AF]

					[a] Olmesartan/HCT Sandoz [SZ]	[a] Pharmacor Olmesartan HCTZ 40/25 [CR]
		[B]1.62	26.05	25.68	[a] Olmetec Plus [MK]	

▪ TELMISARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

8623W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.17	18.42	[a] APO-Telmisartan HCTZ 80/12.5 [TX]	[a] Mizart HCT 80/12.5 mg [AF]
					[a] Telmisartan HCT GH 80/12.5 [GQ]	[a] Telmisartan/HCT Sandoz [SZ]
					[a] Telmisartan HCTZ AN 80/12.5 [EA]	[a] Teltartan HCT 80/12.5 [RW]
		[B]3.76	20.93	18.42	[a] Micardis Plus 80/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

9381R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.67	18.92	[a] APO-Telmisartan HCTZ 80/25 [TX]	[a] Mizart HCT 80/25 mg [AF]
					[a] Telmisartan HCT GH 80/25 [GQ]	[a] Telmisartan/HCT Sandoz [SZ]
					[a] Telmisartan HCTZ AN 80/25 [EA]	[a] Teltartan HCT 80/25 [RW]
		[B]3.77	21.44	18.92	[a] Micardis Plus 80/25 mg [BY]	

telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

8622T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.76	15.01	[a] APO-Telmisartan HCTZ 40/12.5 [TX]	[a] Mizart HCT 40/12.5 mg [AF]
					[a] Telmisartan HCT GH 40/12.5 [GQ]	[a] Telmisartan/HCT Sandoz [SZ]
					[a] Telmisartan HCTZ AN 40/12.5 [EA]	[a] Teltartan HCT 40/12.5 [RW]
		[B]3.76	17.52	15.01	[a] Micardis Plus 40/12.5 mg [BY]	

▪ VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

9373H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	20.73	21.98	Co-Diovan 160/12.5 [NV]

valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

9374J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	21.81	23.06	Co-Diovan 160/25 [NV]

valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

9372G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.92	20.17	Co-Diovan 80/12.5 [NV]

▪ VALSARTAN + HYDROCHLOROTHIAZIDE

Note No applications for increased maximum quantities and/or repeats will be authorised for the tablets containing 320 mg valsartan.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9481B NP	1	5	..	23.04	24.29	Co-Diovan 320/12.5 [NV]

valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9482C NP	1	5	..	24.11	25.36	Co-Diovan 320/25 [NV]

Angiotensin II receptor blockers (ARBs) and calcium channel blockers

▪ AMLODIPINE + VALSARTAN

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

amlodipine 10 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9377M NP	1	5	..	22.14	23.39	[a] Valsartan/Amlodipine Novartis 160/10 [NM]
			[B]3.00	25.14	23.39	[a] Exforge 10/160 [NV]

amlodipine 10 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5460J NP	1	5	..	24.73	25.98	[a] Valsartan/Amlodipine Novartis 320/10 [NM]
			[B]3.00	27.73	25.98	[a] Exforge 10/320 [NV]

amlodipine 5 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9376L NP	1	5	..	21.49	22.74	[a] Valsartan/Amlodipine Novartis 160/5 [NM]
			[B]3.00	24.49	22.74	[a] Exforge 5/160 [NV]

amlodipine 5 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5459H NP	1	5	..	24.08	25.33	[a] Valsartan/Amlodipine Novartis 320/5 [NM]
			[B]3.00	27.08	25.33	[a] Exforge 5/320 [NV]

amlodipine 5 mg + valsartan 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9375K NP	1	5	..	19.46	20.71	[a] Valsartan/Amlodipine Novartis 80/5 [NM]
			[B]3.00	22.46	20.71	[a] Exforge 5/80 [NV]

▪ OLMESARTAN MEDOXOMIL + AMLODIPINE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5292M NP	1	5	..	17.04	18.29	[a] Olmesartan/Amlodipine 20/5 APOTEX [TX] [a] Sevikar 20/5 [AL]	[a] Olmesartan/Amlodipine - MYL 20/5 [AF]

olmesartan medoxomil 40 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5294P NP	1	5	..	22.96	24.21	[a] Olmesartan/Amlodipine 40/10 APOTEX [TX] [a] Sevikar 40/10 [AL]	[a] Olmesartan/Amlodipine - MYL 40/10 [AF]

olmesartan medoxomil 40 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5293N NP	1	5	..	22.28	23.53	[a] Olmesartan/Amlodipine 40/5 APOTEX [TX] [a] Sevikar 40/5 [AL]	[a] Olmesartan/Amlodipine - MYL 40/5 [AF]

▪ TELMISARTAN + AMLODIPINE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

telmisartan 40 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8979N NP	1	5	..	14.73	15.98	[a] Pritor/Amlodipine [FI]
			[B]3.76	18.49	15.98	[a] Twynsta [BY]

telmisartan 40 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8978M NP	1	5	..	14.08	15.33	[a] Pritor/Amlodipine [FI]
			[B]3.77	17.85	15.33	[a] Twynsta [BY]

telmisartan 80 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8981Q NP	1	5	..	18.09	19.34	[a] Pritor/Amlodipine [FI]
			[B]3.77	21.86	19.34	[a] Twynsta [BY]

telmisartan 80 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8980P NP	1	5	..	17.45	18.70	[a] Pritor/Amlodipine [FI]
			[B]3.76	21.21	18.70	[a] Twynsta [BY]

Angiotensin II receptor blockers (ARBs), other combinations

▪ AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5287G NP	1	5	..	23.65	24.90	[a] Valsartan/Amlodipine/HCT Novartis 160/10/12.5 [NM]
			[B]3.00	26.65	24.90	[a] Exforge HCT 10/160/12.5 [NV]

amlodipine 10 mg + valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5289J NP	1	5	..	27.76	29.01	[a] Valsartan/Amlodipine/HCT Novartis 320/10/25 [NM]
			[B]3.00	30.76	29.01	[a] Exforge HCT 10/320/25 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5285E NP	1	5	..	23.01	24.26	[a] Valsartan/Amlodipine/HCT Novartis 160/5/12.5 [NM]
			[B]3.00	26.01	24.26	[a] Exforge HCT 5/160/12.5 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5286F NP	1	5	..	24.52	25.77	[a] Valsartan/Amlodipine/HCT Novartis 160/5/25 [NM]
			[B]3.00	27.52	25.77	[a] Exforge HCT 5/160/25 [NV]

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5288H NP	1	5	..	25.17	26.42	[a] Valsartan/Amlodipine/HCT Novartis 160/10/25 [NM]
			[B]3.00	28.17	26.42	[a] Exforge HCT 10/160/25 [NV]

▪ OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**

- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 20 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

10005N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.61	19.86	Sevikar HCT 20/5/12.5 [MK]

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

2880N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	23.84	25.09	Sevikar HCT 40/5/12.5 [MK]

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

2836G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	24.53	25.78	Sevikar HCT 40/10/12.5 [MK]

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 25 mg tablet, 30

2864R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	25.41	26.66	Sevikar HCT 40/5/25 [MK]

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 25 mg tablet, 30

2953K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	26.10	27.35	Sevikar HCT 40/10/25 [MK]

▪ SACUBITRIL + VALSARTAN

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6915

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist.

sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56

11123K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	198.25	40.30	Entresto [NV]

sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56

11131W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	198.25	40.30	Entresto [NV]

sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56

11122J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	198.25	40.30	Entresto [NV]

▪ LIPID MODIFYING AGENTS

LIPID MODIFYING AGENTS, PLAIN

HMG CoA reductase inhibitors

▪ ATORVASTATIN

atorvastatin 10 mg tablet, 30

8213G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.01	14.26	[a] APO-Atorvastatin [TX] [a] Atorvastatin Amneal [EF] [a] Atorvastatin Sandoz [SZ] [a] Blooms the Chemist Atorvastatin [IB]	[a] Atorvachol [RF] [a] Atorvastatin GH [GQ] [a] Atorvastatin SZ [HX] [a] Lipitor [PF]

						[a] Lorstat 10 [AF] [a] Terry White Chemists Atorvastatin [TW] [a] Trovas [RA]	[a] Pharmacor Atorvastatin [CR] [a] Torvastat 10 [RW]

atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8214H							
NP	1	5	..	13.74	14.99	[a] APO-Atorvastatin [TX] [a] Atorvastatin Amneal [EF] [a] Atorvastatin Sandoz [SZ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 20 [AF] [a] Terry White Chemists Atorvastatin [TW] [a] Trovas [RA]	[a] Atorvachol [RF] [a] Atorvastatin GH [GQ] [a] Atorvastatin SZ [HX] [a] Lipitor [PF] [a] Pharmacor Atorvastatin [CR] [a] Torvastat 20 [RW]

atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8215J							
NP	1	5	..	14.65	15.90	[a] APO-Atorvastatin [TX] [a] Atorvastatin Amneal [EF] [a] Atorvastatin Sandoz [SZ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 40 [AF] [a] Terry White Chemists Atorvastatin [TW] [a] Trovas [RA]	[a] Atorvachol [RF] [a] Atorvastatin GH [GQ] [a] Atorvastatin SZ [HX] [a] Lipitor [PF] [a] Pharmacor Atorvastatin [CR] [a] Torvastat 40 [RW]

atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8521L							
NP	1	5	..	16.02	17.27	[a] APO-Atorvastatin [TX] [a] Atorvastatin GH [GQ] [a] Atorvastatin SZ [HX] [a] Lipitor [PF] [a] Pharmacor Atorvastatin [CR] [a] Torvastat 80 [RW]	[a] Atorvastatin Amneal [EF] [a] Atorvastatin Sandoz [SZ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 80 [AF] [a] Terry White Chemists Atorvastatin [TW] [a] Trovas [RA]

▪ ATORVASTATIN

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9230T							
	1	11	..	13.01	14.26	[a] APO-Atorvastatin [TX] [a] Atorvastatin Amneal [EF] [a] Atorvastatin Sandoz [SZ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 10 [AF] [a] Terry White Chemists Atorvastatin [TW] [a] Trovas [RA]	[a] Atorvachol [RF] [a] Atorvastatin GH [GQ] [a] Atorvastatin SZ [HX] [a] Lipitor [PF] [a] Pharmacor Atorvastatin [CR] [a] Torvastat 10 [RW]

atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9231W							
	1	11	..	13.74	14.99	[a] APO-Atorvastatin [TX] [a] Atorvastatin Amneal [EF] [a] Atorvastatin Sandoz [SZ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 20 [AF] [a] Terry White Chemists Atorvastatin [TW] [a] Trovas [RA]	[a] Atorvachol [RF] [a] Atorvastatin GH [GQ] [a] Atorvastatin SZ [HX] [a] Lipitor [PF] [a] Pharmacor Atorvastatin [CR] [a] Torvastat 20 [RW]

atorvastatin 40 mg tablet, 30

9232X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	14.65	15.90	[a] APO-Atorvastatin [TX]	[a] Atorvachol [RF]
						[a] Atorvastatin Amneal [EF]	[a] Atorvastatin GH [GQ]
						[a] Atorvastatin Sandoz [SZ]	[a] Atorvastatin SZ [HX]
						[a] Blooms the Chemist Atorvastatin [IB]	[a] Lipitor [PF]
						[a] Lorstat 40 [AF]	[a] Pharmacor Atorvastatin [CR]
						[a] Terry White Chemists Atorvastatin [TW]	[a] Torvastat 40 [RW]
						[a] Trovas [RA]	

atorvastatin 80 mg tablet, 30

9233Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	16.02	17.27	[a] APO-Atorvastatin [TX]	[a] Atorvastatin Amneal [EF]
						[a] Atorvastatin GH [GQ]	[a] Atorvastatin Sandoz [SZ]
						[a] Atorvastatin SZ [HX]	[a] Blooms the Chemist Atorvastatin [IB]
						[a] Lipitor [PF]	[a] Lorstat 80 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Terry White Chemists Atorvastatin [TW]
						[a] Torvastat 80 [RW]	[a] Trovas [RA]

▪ FLUVASTATIN

fluvastatin 80 mg modified release tablet, 28

2863Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	45.98	40.30	Lescol XL [NV]

▪ FLUVASTATIN

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

fluvastatin 80 mg modified release tablet, 28

9236D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	11	..	45.98	40.30	Lescol XL [NV]

▪ PRAVASTATIN

pravastatin sodium 10 mg tablet, 30

2833D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.02	14.27	[a] APO-Pravastatin [TX]	[a] Lipostat 10 [RF]
						[a] Pravastatin AN [EA]	[a] Pravastatin generichealth [GQ]
						[a] Pravastatin Sandoz [SZ]	
			[B]2.94	15.96	14.27	[a] Pravachol [RW]	
			[B]2.95	15.97	14.27	[a] Cholstat 10 [AF]	

pravastatin sodium 20 mg tablet, 30

2834E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.92	15.17	[a] APO-Pravastatin [TX]	[a] Cholstat 20 [AF]
						[a] Cholvastin [RA]	[a] Lipostat 20 [RF]
						[a] Pravastatin AN [EA]	[a] Pravastatin generichealth [GQ]
						[a] Pravastatin Sandoz [SZ]	
			[B]2.96	16.88	15.17	[a] Pravachol [RW]	

pravastatin sodium 40 mg tablet, 30

8197K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.28	16.53	[a] APO-Pravastatin [TX]	[a] Cholstat 40 [AF]
						[a] Cholvastin [RA]	[a] Lipostat 40 [RF]
						[a] Pravastatin AN [EA]	[a] Pravastatin Sandoz [SZ]
			[B]3.01	18.29	16.53	[a] Pravachol [RW]	

pravastatin sodium 80 mg tablet, 30

8829Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.32	18.57	[a] APO-Pravastatin [TX]	[a] Lipostat 80 [RF]
						[a] Pravastatin AN [EA]	[a] Pravastatin generichealth [GQ]
						[a] Pravastatin Sandoz [SZ]	
			[B]3.01	20.33	18.57	[a] Pravachol [RW]	

▪ PRAVASTATIN

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

pravastatin sodium 10 mg tablet, 30

9237E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	13.02	14.27	[a] APO-Pravastatin [TX] [a] Pravastatin AN [EA] [a] Pravastatin Sandoz [SZ]	[a] Lipostat 10 [RF] [a] Pravastatin generichealth [GQ]
			[B]2.94	15.96	14.27	[a] Pravachol [RW]	
			[B]2.95	15.97	14.27	[a] Cholstat 10 [AF]	

pravastatin sodium 20 mg tablet, 30

9238F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	13.92	15.17	[a] APO-Pravastatin [TX] [a] Cholvastin [RA] [a] Pravastatin AN [EA] [a] Pravastatin Sandoz [SZ]	[a] Cholstat 20 [AF] [a] Lipostat 20 [RF] [a] Pravastatin generichealth [GQ]
			[B]2.96	16.88	15.17	[a] Pravachol [RW]	

pravastatin sodium 40 mg tablet, 30

9239G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	15.28	16.53	[a] APO-Pravastatin [TX] [a] Cholvastin [RA] [a] Pravastatin AN [EA]	[a] Cholstat 40 [AF] [a] Lipostat 40 [RF] [a] Pravastatin Sandoz [SZ]
			[B]3.01	18.29	16.53	[a] Pravachol [RW]	

pravastatin sodium 80 mg tablet, 30

9240H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	17.32	18.57	[a] APO-Pravastatin [TX] [a] Pravastatin AN [EA] [a] Pravastatin Sandoz [SZ]	[a] Lipostat 80 [RF] [a] Pravastatin generichealth [GQ]
			[B]3.01	20.33	18.57	[a] Pravachol [RW]	

▪ ROSUVASTATIN

rosuvastatin 10 mg tablet, 30

2628H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.01	18.26	[a] APO-Rosuvastatin [TX] [a] BTC Rosuvastatin [JB] [a] Chem mart Rosuvastatin [CH] [a] Pharmacor Rosuvastatin 10 [CR] [a] Rosuvastatin AMNEAL [EF] [a] Rosuvastatin-DRLA [RI] [a] Rosuvastatin RBX [RA] [a] Terry White Chemists Rosuvastatin [TW]	[a] Blooms the Chemist Rosuvastatin [IB] [a] Cavstat [AF] [a] Crosuva 10 [RW] [a] Rostor 10 [DO] [a] Rosuvastatin APOTEX [GX] [a] Rosuvastatin generichealth [HQ] [a] Rosuvastatin Sandoz [SZ]
			[B]2.15	19.16	18.26	[a] Crestor [AP]	

rosuvastatin 20 mg tablet, 30

2574L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.34	20.59	[a] APO-Rosuvastatin [TX] [a] BTC Rosuvastatin [JB] [a] Chem mart Rosuvastatin [CH] [a] Pharmacor Rosuvastatin 20 [CR] [a] Rosuvastatin AMNEAL [EF] [a] Rosuvastatin-DRLA [RI] [a] Rosuvastatin RBX [RA] [a] Terry White Chemists Rosuvastatin [TW]	[a] Blooms the Chemist Rosuvastatin [IB] [a] Cavstat [AF] [a] Crosuva 20 [RW] [a] Rostor 20 [DO] [a] Rosuvastatin APOTEX [GX] [a] Rosuvastatin generichealth [HQ] [a] Rosuvastatin Sandoz [SZ]
			[B]2.15	21.49	20.59	[a] Crestor [AP]	

rosuvastatin 40 mg tablet, 30

2594M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.69	23.94	[a] APO-Rosuvastatin [TX]	[a] Blooms the Chemist Rosuvastatin [IB]
						[a] BTC Rosuvastatin [JB]	[a] Cavstat [AF]
						[a] Chem mart Rosuvastatin [CH]	[a] Crosuva 40 [RW]
						[a] Pharmacor Rosuvastatin 40 [CR]	[a] Rostor 40 [DO]
						[a] Rosuvastatin AMNEAL [EF]	[a] Rosuvastatin APOTEX [GX]
						[a] Rosuvastatin-DRLA [RI]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin RBX [RA]	[a] Rosuvastatin Sandoz [SZ]
						[a] Terry White Chemists Rosuvastatin [TW]	
			[B]3.12	25.81	23.94	[a] Crestor [AP]	

rosuvastatin 5 mg tablet, 30

2606E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.24	16.49	[a] APO-Rosuvastatin [TX]	[a] Blooms the Chemist Rosuvastatin [IB]
						[a] BTC Rosuvastatin [JB]	[a] Cavstat [AF]
						[a] Chem mart Rosuvastatin [CH]	[a] Crosuva 5 [RW]
						[a] Pharmacor Rosuvastatin 5 [CR]	[a] Rostor 5 [DO]
						[a] Rosuvastatin AMNEAL [EF]	[a] Rosuvastatin APOTEX [GX]
						[a] Rosuvastatin-DRLA [RI]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin RBX [RA]	[a] Rosuvastatin Sandoz [SZ]
						[a] Terry White Chemists Rosuvastatin [TW]	
			[B]2.15	17.39	16.49	[a] Crestor [AP]	

▪ ROSUVASTATIN

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

rosuvastatin 10 mg tablet, 30

2584B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	17.01	18.26	[a] APO-Rosuvastatin [TX]	[a] Blooms the Chemist Rosuvastatin [IB]
						[a] BTC Rosuvastatin [JB]	[a] Cavstat [AF]
						[a] Chem mart Rosuvastatin [CH]	[a] Crosuva 10 [RW]
						[a] Pharmacor Rosuvastatin 10 [CR]	[a] Rostor 10 [DO]
						[a] Rosuvastatin AMNEAL [EF]	[a] Rosuvastatin APOTEX [GX]
						[a] Rosuvastatin-DRLA [RI]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin RBX [RA]	[a] Rosuvastatin Sandoz [SZ]
						[a] Terry White Chemists Rosuvastatin [TW]	
			[B]2.15	19.16	18.26	[a] Crestor [AP]	

rosuvastatin 20 mg tablet, 30

2609H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	19.34	20.59	[a] APO-Rosuvastatin [TX]	[a] Blooms the Chemist Rosuvastatin [IB]
						[a] BTC Rosuvastatin [JB]	[a] Cavstat [AF]
						[a] Chem mart Rosuvastatin [CH]	[a] Crosuva 20 [RW]
						[a] Pharmacor Rosuvastatin 20 [CR]	[a] Rostor 20 [DO]
						[a] Rosuvastatin AMNEAL [EF]	[a] Rosuvastatin APOTEX [GX]
						[a] Rosuvastatin-DRLA [RI]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin RBX [RA]	[a] Rosuvastatin Sandoz [SZ]
						[a] Terry White Chemists Rosuvastatin [TW]	
			[B]2.15	21.49	20.59	[a] Crestor [AP]	

rosuvastatin 40 mg tablet, 30

2636R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	22.69	23.94	[a] APO-Rosuvastatin [TX]	[a] Blooms the Chemist Rosuvastatin [IB]
						[a] BTC Rosuvastatin [JB]	[a] Cavstat [AF]
						[a] Chem mart Rosuvastatin [CH]	[a] Crosuva 40 [RW]
						[a] Pharmacor Rosuvastatin 40 [CR]	[a] Rostor 40 [DO]
						[a] Rosuvastatin AMNEAL [EF]	[a] Rosuvastatin APOTEX [GX]
						[a] Rosuvastatin-DRLA [RI]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin RBX [RA]	[a] Rosuvastatin Sandoz [SZ]
						[a] Terry White Chemists Rosuvastatin [TW]	
			[B]3.12	25.81	23.94	[a] Crestor [AP]	

rosuvastatin 5 mg tablet, 30

2590H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	15.24	16.49	[a] APO-Rosuvastatin [TX]	[a] Blooms the Chemist Rosuvastatin [IB]
						[a] BTC Rosuvastatin [JB]	[a] Cavstat [AF]
						[a] Chem mart Rosuvastatin [CH]	[a] Crosuva 5 [RW]
						[a] Pharmacor Rosuvastatin 5 [CR]	[a] Rostor 5 [DO]
						[a] Rosuvastatin AMNEAL [EF]	[a] Rosuvastatin APOTEX [GX]
						[a] Rosuvastatin-DRLA [RI]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin RBX [RA]	[a] Rosuvastatin Sandoz [SZ]
						[a] Terry White Chemists Rosuvastatin [TW]	
			[B]2.15	17.39	16.49	[a] Crestor [AP]	

▪ SIMVASTATIN

simvastatin 10 mg tablet, 30

2011W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	12.60	13.85	[a] APO-Simvastatin [TX]	[a] Chem mart Simvastatin [CH]
						[a] Ransim [RA]	[a] Simvar 10 [RW]
						[a] Simvastatin AN [EA]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Terry White Chemists Simvastatin [TW]
						[a] Zimstat [AF]	
			[B]5.33	17.93	13.85	[a] Lipex 10 [FR]	[a] Zocor [MK]

simvastatin 20 mg tablet, 30

2012X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.10	14.35	[a] APO-Simvastatin [TX]	[a] Chem mart Simvastatin [CH]
						[a] Simvar 20 [RW]	[a] Simvastatin AN [EA]
						[a] Simvastatin generichealth [GQ]	[a] Simvastatin Sandoz [SZ]
						[a] Terry White Chemists Simvastatin [TW]	[a] Zimstat [AF]
			[B]7.50	20.60	14.35	[a] Lipex 20 [FR]	[a] Zocor [MK]

simvastatin 40 mg tablet, 30

8173E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.81	15.06	[a] APO-Simvastatin [TX]	[a] Chem mart Simvastatin [CH]
						[a] Simvar 40 [RW]	[a] Simvastatin AN [EA]
						[a] Simvastatin generichealth [GQ]	[a] Simvastatin Sandoz [SZ]
						[a] Terry White Chemists Simvastatin [TW]	[a] Zimstat [AF]
			[B]7.50	21.31	15.06	[a] Lipex 40 [FR]	[a] Zocor [MK]

simvastatin 5 mg tablet, 30

2013Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	12.30	13.55	[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

simvastatin 80 mg tablet, 30

8313M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.81	16.06	[a] APO-Simvastatin [TX]	[a] Chem mart Simvastatin [CH]
						[a] Ransim [RA]	[a] Simvar 80 [RW]

					[a] Simvastatin AN [EA]	[a] Simvastatin generichealth [GQ]
					[a] Simvastatin Sandoz [SZ]	[a] Terry White Chemists Simvastatin [TW]
					[a] Zimstat [AF]	
		[B]8.46	23.27	16.06	[a] Lipex 80 [FR]	[a] Zocor [MK]

▪ SIMVASTATIN

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

simvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9242K	1	11	..	12.60	13.85	[a] APO-Simvastatin [TX]	[a] Chem mart Simvastatin [CH]
						[a] Ransim [RA]	[a] Simvar 10 [RW]
						[a] Simvastatin AN [EA]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Terry White Chemists Simvastatin [TW]
						[a] Zimstat [AF]	
			[B]5.33	17.93	13.85	[a] Lipex 10 [FR]	[a] Zocor [MK]

simvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9243L	1	11	..	13.10	14.35	[a] APO-Simvastatin [TX]	[a] Chem mart Simvastatin [CH]
						[a] Simvar 20 [RW]	[a] Simvastatin AN [EA]
						[a] Simvastatin generichealth [GQ]	[a] Simvastatin Sandoz [SZ]
						[a] Terry White Chemists Simvastatin [TW]	[a] Zimstat [AF]
			[B]7.50	20.60	14.35	[a] Lipex 20 [FR]	[a] Zocor [MK]

simvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9244M	1	11	..	13.81	15.06	[a] APO-Simvastatin [TX]	[a] Chem mart Simvastatin [CH]
						[a] Simvar 40 [RW]	[a] Simvastatin AN [EA]
						[a] Simvastatin generichealth [GQ]	[a] Simvastatin Sandoz [SZ]
						[a] Terry White Chemists Simvastatin [TW]	[a] Zimstat [AF]
			[B]7.50	21.31	15.06	[a] Lipex 40 [FR]	[a] Zocor [MK]

simvastatin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9241J	1	11	..	12.30	13.55	[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

simvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9245N	1	11	..	14.81	16.06	[a] APO-Simvastatin [TX]	[a] Chem mart Simvastatin [CH]
						[a] Ransim [RA]	[a] Simvar 80 [RW]
						[a] Simvastatin AN [EA]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Terry White Chemists Simvastatin [TW]
						[a] Zimstat [AF]	
			[B]8.46	23.27	16.06	[a] Lipex 80 [FR]	[a] Zocor [MK]

Fibrates

▪ FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

fenofibrate 145 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9023X (NP)	1	5	..	31.25	32.50	[a] Fenofibrate Mylan [AF]	[a] FENOFIBRATE RBX [RA]
						[a] Lipidil [GO]	

fenofibrate 48 mg tablet, 60

9022W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.66	25.91	[a] Fenofibrate Mylan [AF] [a] Lipidil [GO]	[a] FENOFIBRATE RBX [RA]

▪ FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

fenofibrate 145 mg tablet, 30

9247Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	31.25	32.50	[a] Fenofibrate Mylan [AF] [a] Lipidil [GO]	[a] FENOFIBRATE RBX [RA]

fenofibrate 48 mg tablet, 60

9246P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	24.66	25.91	[a] Fenofibrate Mylan [AF] [a] Lipidil [GO]	[a] FENOFIBRATE RBX [RA]

▪ GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

gemfibrozil 600 mg tablet, 60

1453L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.38	22.63	[a] Ausgem [RW]	[a] Lipigem [AF]

▪ GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

gemfibrozil 600 mg tablet, 60

9248R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	21.38	22.63	[a] Ausgem [RW]	[a] Lipigem [AF]

Bile acid sequestrants

▪ COLESTYRAMINE

colestyramine 4 g powder for oral liquid, 50 sachets

2967E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*80.91	40.30	Questran Lite [QA]

▪ COLESTYRAMINE

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.

Restricted benefit

Primary hypercholesterolaemia

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

colestyramine 4 g powder for oral liquid, 50 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9249T	2	11	..	*80.91	40.30	Questran Lite [QA]

Other lipid modifying agents

▪ EVOLOCUMAB

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

Note Special Pricing Arrangements apply.

Authority required

Familial homozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 7, **AND**
- Patient must have an LDL cholesterol level in excess of 3.3 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin or rosuvastatin according to the TGA-approved Product Information for at least 3 months in conjunction with dietary therapy and exercise; OR
- Patient must have developed a clinically important product-related adverse event necessitating withdrawal of statin treatment; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information.

Treatment criteria:

- Must be treated by a specialist physician.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

The date of the consultation with a specialist physician must be no more than 6 months prior to the application date. The full name of the specialist physician consulted and the date of consultation are to be provided at the time of application.

The qualifying LDL cholesterol level must be provided at the time of application and must be no more than 2 months old.

The physician must attempt to treat the patient with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily).

With the exception of the situation where the patient is contraindicated to treatment with a statin, the agent, dose and duration of statin treatment must be provided at the time of application.

Contraindication to treatment with a statin is as defined in the TGA-approved Product Information.

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

a) A completed authority prescription form; and

b) A completed Familial homozygous hypercholesterolaemia Initial PBS Authority Application - Supporting Information Form; and

c) The date of consultation and the full name of the specialist physician; and

d) A copy of the qualifying Dutch Lipid Clinic Network Score or a copy of the result of genetic testing; and

e) The result of LDL cholesterol level and one of the following where appropriate: statin treatment details including agent, dose and treatment duration; or details of adverse event or contraindication to treatment with a statin as defined in the TGA-approved Product Information.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Familial homozygous hypercholesterolaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in conjunction with dietary therapy and exercise.

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).

evolocumab 140 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10958R	3	5	..	*943.54	40.30	Repatha [AN]

evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11193D	1	5	..	683.24	40.30	Repatha [AN]

▪ EVOLOCUMAB

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

Familial heterozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6, **AND**
- Patient must have an LDL cholesterol level in excess of 3.3 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease; OR
- Patient must have an LDL cholesterol level in excess of 5 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin or rosuvastatin according to the TGA-approved Product Information for at least 3 months in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 3 months in conjunction with dietary therapy and exercise.

Treatment criteria:

- Must be treated by a specialist physician.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease; or

(ii) the presence of symptomatic cerebrovascular disease; or

(iii) the presence of symptomatic peripheral vascular disease.

The date of the consultation with a specialist physician must be no more than 6 months prior to the application date. The full name of the specialist physician consulted and the date of consultation are to be provided at the time of application.

The qualifying LDL cholesterol level must be provided at the time of application and must be no more than 2 months old.

The physician must attempt to treat the patient with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily).

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin). This retrial should occur after a washout period of at least 1 month, or if the creatine kinase (CK) level is elevated retrial should not occur until CK has returned to normal.

In the event of a trial of an alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the maximum tolerated dose has been reached or target LDL-c has been achieved.

At the time of application, one of the following must be provided:

(i) Confirmation that the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg for 3 months; or

(ii) The doses and duration of treatment and adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) Confirmation that the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

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

a) A completed authority prescription form; and

b) A completed Familial heterozygous hypercholesterolaemia Initial PBS Authority Application - Supporting Information Form; and

c) The date of consultation and the full name of the specialist physician; and

d) A copy of the qualifying Dutch Lipid Clinic Network Score or a copy of the result of genetic testing; and

e) The result of LDL cholesterol level and one of the following where appropriate: statin treatment details including agent, dose and treatment duration; or details of adverse events to each of atorvastatin and rosuvastatin or contraindication to treatment with a statin as defined in the TGA-approved Product Information.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Familial heterozygous hypercholesterolaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in conjunction with dietary therapy and exercise.

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

Familial heterozygous hypercholesterolaemia

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have previously received non-PBS subsidised treatment with this drug for this condition prior to 1 November 2018, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6, **AND**
- Patient must have had an LDL cholesterol level in excess of 3.3 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease at the time non-PBS subsidised treatment with this drug for this condition was initiated; OR
- Patient must have had an LDL cholesterol level in excess of 5 millimoles per litre at the time non-PBS subsidised treatment with this drug for this condition was initiated, **AND**
- Patient must have been treated with the maximum tolerated dose of atorvastatin or rosuvastatin according to the TGA-approved Product Information for at least 3 months in conjunction with dietary therapy and exercise prior to initiating non-PBS subsidised treatment with this drug for this condition; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin prior to initiating non-PBS subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information.

Treatment criteria:

- Must be treated by a specialist physician.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease; or

(ii) the presence of symptomatic cerebrovascular disease; or

(iii) the presence of symptomatic peripheral vascular disease.

The date of the consultation with a specialist physician must be no more than 6 months prior to the application date. The full name of the specialist physician consulted and the date of consultation are to be provided at the time of application.

The qualifying LDL cholesterol level must be provided at the time of application and must have been no more than 2 months old at the time non-PBS subsidised treatment with this drug for this condition was initiated.

If the patient has developed a clinically important product-related adverse event, the clinician must confirm at the time of the application that the maximum tolerated dose of atorvastatin or rosuvastatin has been trialled and has resulted in the patient developing a clinically important product-related adverse event resulting in treatment withdrawal.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin). This retrial should occur after a washout period of at least 1 month, or if the creatine kinase (CK) level is elevated retrial should not occur until CK has returned to normal.

In the event of a trial of an alternative statin, the dose of the alternative statin should be increased not more often than every 4 weeks until the maximum tolerated dose has been reached or target LDL-c has been achieved.

With the exception of the situation where the patient is contraindicated to treatment with a statin, the doses and duration of treatment and adverse events experienced with trials with each of atorvastatin and rosuvastatin must be provided at the time of application.

Contraindication to treatment with a statin is as defined in the TGA-approved Product Information.

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

a) A completed authority prescription form; and

b) A completed Familial heterozygous hypercholesterolaemia Grandfather PBS Authority Application - Supporting Information Form; and

c) The date of consultation and the full name of the specialist physician; and

d) A copy of the qualifying Dutch Lipid Clinic Network Score or a copy of the result of genetic testing; and

e) The result of LDL cholesterol level and one of the following where appropriate: statin treatment details including agent, dose and treatment duration; or details of adverse events to each of atorvastatin and rosuvastatin or contraindication to treatment with a statin as defined in the TGA-approved Product Information.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

evolocumab 140 mg/mL injection, 1 mL pen device

11484K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*630.75	40.30	Repatha [AN]

evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

11485L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	683.24	40.30	Repatha [AN]

▪ EZETIMIBE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7990

Hypercholesterolaemia

Clinical criteria:

- Patient must have homozygous sitosterolaemia.

ezetimibe 10 mg tablet, 30

11408K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	43.13	40.30	[a] EZEMICHOL [RW]	[a] Ezetrol [MK]
					[a] Pharmacor Ezetimibe 10 [CR]	[a] Zient 10mg [AF]

▪ EZETIMIBE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7996

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The treatment must be co-administered with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR

- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

7966

Hypercholesterolaemia

Clinical criteria:

- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose; OR
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a withdrawal of the statin treatment; OR
- Patient must be one in whom treatment with an HMG CoA reductase inhibitor (statin) is contraindicated, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg tablet, 30

8757X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	43.13	40.30	[a] APO-Ezetimibe [TX]	[a] Blooms The Chemist Ezetimibe [IB]
					[a] EZEMICHOL [RW]	[a] Ezetimibe GH [GQ]
					[a] Ezetimibe Sandoz [SZ]	[a] Ezetrol [MK]
					[a] Pharmacor Ezetimibe 10 [CR]	[a] Zient 10mg [AF]

LIPID MODIFYING AGENTS, COMBINATIONS

HMG CoA reductase inhibitors in combination with other lipid modifying agents

▪ EZETIMIBE + ATORVASTATIN

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7957

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10393B NP	1	5	..	45.39	40.30	Atozet [MK]

ezetimibe 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10377E NP	1	5	..	46.31	40.30	Atozet [MK]

ezetimibe 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10376D NP	1	5	..	47.67	40.30	Atozet [MK]

▪ EZETIMIBE + ATORVASTATIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

7958

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR

- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg + atorvastatin 10 mg tablet, 30

10392Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	44.66	40.30	Atozet [MK]

▪ EZETIMIBE + SIMVASTATIN

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7957

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg + simvastatin 40 mg tablet, 30

8881K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	45.47	40.30	[a] APO-Ezetimibe/Simvastatin 10/40 [TX] [a] Pharmacor Ezetimibe Simvastatin 10/40 [CR] [a] Zeklen 10/40 mg [AF]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ] [a] Vytorin [MK]

ezetimibe 10 mg + simvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8882L NP	1	5	..	46.47	40.30	[a] APO-Ezetimibe/Simvastatin 10/80 [TX] [a] Pharmacor Ezetimibe Simvastatin 10/80 [CR] [a] Zeklen 10/80 mg [AF]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ] [a] Vytorin [MK]

▪ EZETIMIBE + SIMVASTATIN

Note Continuing Therapy Only:

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Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

7958

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg + simvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9483D NP	1	5	..	44.25	40.30	[a] APO-Ezetimibe/Simvastatin 10/10 [TX] [a] Pharmacor Ezetimibe Simvastatin 10/10 [CR] [a] Zeklen 10/10 mg [AF]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ] [a] Vytorin [MK]

ezetimibe 10 mg + simvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9484E NP	1	5	..	44.76	40.30	[a] APO-Ezetimibe/Simvastatin 10/20 [TX] [a] Pharmacor Ezetimibe Simvastatin 10/20 [CR] [a] Zeklen 10/20 mg [AF]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ] [a] Vytorin [MK]

▪ ROSUVASTATIN (&) EZETIMIBE

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

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patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7957

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

rosuvastatin 10 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack

10208G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	45.62	40.30	[a] Ezalo Composite Pack 10mg+10mg [AF]	[a] Rosuzet Composite Pack [MK]

rosuvastatin 20 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack

10201X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	46.63	40.30	[a] Ezalo Composite Pack 10mg+20mg [AF]	[a] Rosuzet Composite Pack [MK]

rosuvastatin 40 mg tablet [30] (&) ezetimibe 10 mg tablet [30 tablets], 1 pack

10207F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	48.12	40.30	[a] Ezalo Composite Pack 10mg+40mg [AF]	[a] Rosuzet Composite Pack [MK]

▪ ROSUVASTATIN (&) EZETIMIBE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

7958

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR

- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

rosuvastatin 5 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack

10204C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	..	44.81	40.30	[a] Ezalo Composite Pack 10mg+5mg [AF]	[a] Rosuzet Composite Pack [MK]

HMG CoA reductase inhibitors, other combinations

▪ AMLODIPINE + ATORVASTATIN

amlodipine 10 mg + atorvastatin 40 mg tablet, 30

9055N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	16.23	17.48	[a] Cadivast 10/40 [AF]
			[B]3.00	19.23	17.48	[a] Caduet 10/40 [PF]

amlodipine 10 mg + atorvastatin 80 mg tablet, 30

9056P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	17.60	18.85	[a] Cadivast 10/80 [AF]
			[B]3.00	20.60	18.85	[a] Caduet 10/80 [PF]

amlodipine 5 mg + atorvastatin 10 mg tablet, 30

9049G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	13.90	15.15	Cadivast 5/10 [AF]

amlodipine 5 mg + atorvastatin 20 mg tablet, 30

9050H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	14.63	15.88	Cadivast 5/20 [AF]

amlodipine 5 mg + atorvastatin 40 mg tablet, 30

9051J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	15.54	16.79	[a] Cadivast 5/40 [AF]
			[B]3.00	18.54	16.79	[a] Caduet 5/40 [PF]

amlodipine 5 mg + atorvastatin 80 mg tablet, 30

9052K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	16.91	18.16	[a] Cadivast 5/80 [AF]
			[B]3.00	19.91	18.16	[a] Caduet 5/80 [PF]

amlodipine 10 mg + atorvastatin 10 mg tablet, 30

9053L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	14.59	15.84	[a] Cadivast 10/10 [AF]
			[B]3.00	17.59	15.84	[a] Caduet 10/10 [PF]

amlodipine 10 mg + atorvastatin 20 mg tablet, 30

9054M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	15.32	16.57	[a] Cadivast 10/20 [AF]
			[B]3.00	18.32	16.57	[a] Caduet 10/20 [PF]

DERMATOLOGICALS

ANTIFUNGALS FOR DERMATOLOGICAL USE

ANTIFUNGALS FOR TOPICAL USE

Antibiotics

NYSTATIN

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

nystatin 100 000 units/g cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1698J NP	2	3	..	*20.05	21.30	Mycostatin [FM]

Imidazole and triazole derivatives

KETOCONAZOLE

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

ketoconazole 2% shampoo, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1574W NP	‡1	1	..	20.45	21.70	Nizoral 2% [JT]

ketoconazole 2% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9024Y NP	‡1	2	..	26.02	27.27	Nizoral 2% Cream [JT]

ketoconazole 1% shampoo, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9025B NP	‡1	1	..	19.91	21.16	Nizoral 1% [JT]

MICONAZOLE

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

miconazole nitrate 2% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9027D NP	‡1	2	..	18.98	20.23	Daktarin [JT]

miconazole nitrate 2% cream, 70 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9028E NP	‡1	1	..	20.66	21.91	Daktarin [JT]

miconazole nitrate 2% dusting powder, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9029F NP	‡1	2	..	19.71	20.96	Daktarin [JT]

miconazole 2% solution, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9031H NP	‡1	2	..	22.95	24.20	Daktarin Tincture [JT]

Other antifungals for topical use

TERBINAFINE

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)

6412

Fungal or yeast infection

Clinical criteria:

- The condition must be fungal; OR
- The condition must be due to yeast.

Population criteria:

- Patient must be 18 years of age or less.

terbinafine hydrochloride 1% cream, 15 g

9160D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*38.39	39.64	Lamisil [GK]

NP

ANTIFUNGALS FOR SYSTEMIC USE

Antifungals for systemic use

▪ GRISEOFULVIN

griseofulvin 500 mg tablet, 28

2982Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	26.02	27.27	Grisovin 500 [QA]

NP

griseofulvin 125 mg tablet, 100

1460W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	25.21	26.46	Grisovin [QA]

NP

▪ TERBINAFINE

Authority required

Dermatophyte infection

Clinical criteria:

- Patient must have failed to respond to topical treatment.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required

Dermatophyte infection

Clinical criteria:

- Patient must have failed to respond to topical treatment, **AND**
- Patient must have failed to respond to griseofulvin.

Population criteria:

- Patient must be 18 years of age or less.

terbinafine 250 mg tablet, 42

2285G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	30.39	31.64	[a] APO-Terbinafine [TX]	[a] GenRx Terbinafine [GX]
					[a] Lamisil (Novartis Pharmaceuticals Australia Pty Limited) [NV]	[a] Tamsil [RW]
					[a] Terbinafine AN [EA]	[a] Terbinafine-DRLA [RZ]
					[a] Terbinafine GH [GQ]	[a] Terbinafine Sandoz [SZ]
					[a] Tinasil [AF]	

NP

▪ TERBINAFINE

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

Onychomycosis

Clinical criteria:

- The condition must be proximal or extensive (greater than 80% nail involvement), **AND**
- Patient must have failed to respond to topical treatment, **AND**
- The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider; OR
- The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider.

The date of the pathology report must be provided at the time of application and must not be more than 12 months old

terbinafine 250 mg tablet, 42

2804N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	30.39	31.64	[a] APO-Terbinafine [TX]	[a] GenRx Terbinafine [GX]

NP

[a] Lamisil (Novartis Pharmaceuticals Australia Pty Limited) [NV] | [a] Tamsil [RW]
[a] Terbinafine AN [EA] | [a] Terbinafine-DRLA [RZ]
[a] Terbinafine GH [GQ] | [a] Terbinafine Sandoz [SZ]
[a] Tinasil [AF]

ANTIPSORIATICS

ANTIPSORIATICS FOR TOPICAL USE

Tars

PREPARED COAL TAR

coal tar prepared 2% foam, 100 g

10225E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	34.66	35.91	Scytera [RZ]

NP

Other antipsoriatics for topical use

CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
7947
Chronic stable plaque type psoriasis vulgaris
Clinical criteria:

- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% gel, 60 g

10075G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	63.50	40.30	Daivobet 50/500 gel [LO]

NP

CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Chronic stable plaque type psoriasis vulgaris
Clinical criteria:

- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% foam, 60 g

11091R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	83.72	40.30	Enstilar [LO]

NP

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g

9494Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	37.49	38.74	[a] Calcipotriol/Betamethasone Sandoz 50/500 [SZ]	[a] Daivobet [LO]

NP

ANTIPSORIATICS FOR SYSTEMIC USE

Retinoids for treatment of psoriasis

ACITRETIN

Caution This drug is a potent teratogen - pregnancy should be avoided for at least two years after cessation of therapy.
Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required (STREAMLINED)
5789
Severe intractable psoriasis
Authority required (STREAMLINED)
5727
Severe disorders of keratinisation

acitretin 10 mg capsule, 100

2019G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	107.73	40.30	[a] Neotigason [UA] [a] ZETIN [RW]	[a] Novatin [TX]

acitretin 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2020H	1	2	..	207.77	40.30	[a] Neotigason [UA] [a] ZETIN [RW]	[a] Novatin [TX]

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

CHEMOTHERAPEUTICS FOR TOPICAL USE

Sulfonamides

SILVER SULFADIAZINE

Restricted benefit

Infection

Treatment Phase: Prevention and treatment

Clinical criteria:

- The condition must be in partial or full skin thickness loss due to burns; OR
- The condition must be in partial or full skin thickness loss due to epidermolysis bullosa.

Restricted benefit

Stasis ulcers

silver sulfadiazine 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9479X NP	‡1	..	..	22.01	23.26	Flamazine [SN]

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

CORTICOSTEROIDS, PLAIN

Corticosteroids, weak (group I)

HYDROCORTISONE ACETATE

Restricted benefit

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2881P NP	‡1	1	..	13.34	14.59	[a] Cortic-DS 1% [FM]
			[B]2.35	15.69	14.59	[a] Sigmacort [QA]

hydrocortisone acetate 1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2882Q NP	‡1	1	..	13.34	14.59	[a] Cortic-DS 1% [FM]
			[B]2.35	15.69	14.59	[a] Sigmacort [QA]

HYDROCORTISONE ACETATE

Restricted benefit

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5113D DP	‡1	..	..	13.34	14.59	[a] Cortic-DS 1% [FM]
			[B]2.35	15.69	14.59	[a] Sigmacort [QA]

hydrocortisone acetate 1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5114E DP	‡1	..	..	13.34	14.59	[a] Cortic-DS 1% [FM]
			[B]2.35	15.69	14.59	[a] Sigmacort [QA]

Corticosteroids, moderately potent (group II)

TRIAMCINOLONE

Restricted benefit

Corticosteroid-responsive dermatoses

triamcinolone acetonide 0.02% cream, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2117K NP	2	..	..	*18.43	19.68	[a] Tricortone [FM]
			[B]3.28	*21.71	19.68	[a] Aristocort 0.02% [QA]

triamcinolone acetonide 0.02% ointment, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2118L NP	2	..	..	*18.43	19.68	[a] Tricortone [FM]
			[B]3.28	*21.71	19.68	[a] Aristocort 0.02% [QA]

Corticosteroids, potent (group III)

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Restricted benefit

Corticosteroid-responsive dermatoses

betamethasone (as dipropionate) 0.05% cream, 15 g

1115Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	17.32	18.57	[a] Eleuphrat [FR]
		[B]2.45	19.77	18.57	[a] Diprosone [MK]

NP

betamethasone (as dipropionate) 0.05% ointment, 15 g

1119X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	17.32	18.57	[a] Eleuphrat [FR]
		[B]2.45	19.77	18.57	[a] Diprosone [MK]

NP

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10824Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*23.17	24.42	[a] Eleuphrat [FR]
		[B]4.90	*28.07	24.42	[a] Diprosone [MK]

NP

betamethasone (as dipropionate) 0.05% ointment, 15 g

10795E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*23.17	24.42	[a] Eleuphrat [FR]
		[B]4.90	*28.07	24.42	[a] Diprosone [MK]

NP

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10800K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*34.83	36.08	[a] Eleuphrat [FR]
		[B]9.80	*44.63	36.08	[a] Diprosone [MK]

NP

betamethasone (as dipropionate) 0.05% ointment, 15 g

10820L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*34.83	36.08	[a] Eleuphrat [FR]
		[B]9.80	*44.63	36.08	[a] Diprosone [MK]

NP

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10813D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*46.51	40.30	[a] Eleuphrat [FR]
		[B]14.70	*61.21	40.30	[a] Diprosone [MK]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10821M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*46.51	40.30	[a] Eleuphrat [FR]
		[B]14.70	*61.21	40.30	[a] Diprosone [MK]

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10801L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*58.19	40.30	[a] Eleuphrat [FR]
		[B]19.60	*77.79	40.30	[a] Diprosone [MK]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10816G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*58.19	40.30	[a] Eleuphrat [FR]
		[B]19.60	*77.79	40.30	[a] Diprosone [MK]

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10802M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	5	..	*69.89	40.30	[a] Eleuphrat [FR]
		[B]24.50	*94.39	40.30	[a] Diprosone [MK]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10823P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	5	..	*69.89	40.30	[a] Eleuphrat [FR]
		[B]24.50	*94.39	40.30	[a] Diprosone [MK]

▪ BETAMETHASONE VALERATE

Restricted benefit

Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.02% cream, 100 g

2812B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*26.97	28.22	[a] Antroquoril [FR] [b] Cortival 1/5 [FM]
		[B]5.00	*31.97	28.22	[a] Celestone-M [MK]
		[B]5.98	*32.95	28.22	[b] Betnovate 1/5 [QA]

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

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Restricted benefit

Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.05% cream, 15 g

2813C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	13.21	14.46	[a] Cortival 1/2 [FM]
		[B]2.56	15.77	14.46	[a] Betnovate 1/2 [QA]

NP

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10799J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*14.95	16.20	[a] Cortival 1/2 [FM]
		[B]5.12	*20.07	16.20	[a] Betnovate 1/2 [QA]

NP

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10794D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*18.39	19.64	[a] Cortival 1/2 [FM]
		[B]10.24	*28.63	19.64	[a] Betnovate 1/2 [QA]

NP

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10808W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*21.85	23.10	[a] Cortival 1/2 [FM]
		[B]15.36	*37.21	23.10	[a] Betnovate 1/2 [QA]

NP

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10807T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*25.31	26.56	[a] Cortival 1/2 [FM]
		[B]20.48	*45.79	26.56	[a] Betnovate 1/2 [QA]

NP

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10810Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	5	..	*28.79	30.04	[a] Cortival 1/2 [FM]
		[B]25.60	*54.39	30.04	[a] Betnovate 1/2 [QA]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Restricted benefit

Corticosteroid-responsive dermatoses

methylprednisolone aceponate 0.1% ointment, 15 g

8055Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.05	19.30	Advantan [BN]

methylprednisolone aceponate 0.1% cream, 15 g

8054X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.05	19.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

8128T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.05	19.30	Advantan [BN]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Restricted benefit

Eczema

methylprednisolone aceponate 0.1% lotion, 20 g

8618N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.64	19.89	Advantan [BN]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

10846W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*24.63	25.88	Advantan [BN]

methylprednisolone aceponate 0.1% cream, 15 g

10842P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*24.63	25.88	Advantan [BN]

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10856J NP	2	5	..	*25.81	27.06	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10848Y NP	2	5	..	*24.63	25.88	Advantan [BN]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10836H NP	4	5	..	*37.75	39.00	Advantan [BN]

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10855H NP	4	5	..	*37.75	39.00	Advantan [BN]

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10838K NP	3	5	..	*32.95	34.20	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10840M NP	4	5	..	*37.75	39.00	Advantan [BN]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10845T NP	10	5	..	*77.19	40.30	Advantan [BN]

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10833E NP	10	5	..	*77.19	40.30	Advantan [BN]

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10830B NP	5	5	..	*47.29	40.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10843Q NP	10	5	..	*77.19	40.30	Advantan [BN]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6218
Corticosteroid-responsive dermatoses
Clinical criteria:
- The condition must cover 40-60% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

10853F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*50.89	40.30	Advantan [BN]

methylprednisolone aceponate 0.1% cream, 15 g

10835G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*50.89	40.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

10844R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*50.89	40.30	Advantan [BN]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:
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Authority required (STREAMLINED)
6263
Corticosteroid-responsive dermatoses
Clinical criteria:
- The condition must cover 60-80% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

10834F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*64.03	40.30	Advantan [BN]

methylprednisolone aceponate 0.1% cream, 15 g

10851D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*64.03	40.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

10839L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*64.03	40.30	Advantan [BN]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
6263
Corticosteroid-responsive dermatoses
Clinical criteria:
- The condition must cover 60-80% of the patient's body surface area.

Authority required (STREAMLINED)
6218
Corticosteroid-responsive dermatoses
Clinical criteria:
- The condition must cover 40-60% of the patient's body surface area.

methylprednisolone aceponate 0.1% lotion, 20 g

10852E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*40.11	40.30	Advantan [BN]

▪ MOMETASONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Corticosteroid-responsive dermatoses

mometasone furoate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1913Q NP	1	..	..	14.79	16.04	[a] Momasone [QA]	[a] Novasone [AF]
			[B]3.53	18.32	16.04	[a] Elocon Alcohol Free [MK]	

mometasone furoate 0.1% lotion, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8043H NP	1	..	..	16.71	17.96	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]3.53	20.24	17.96	[a] Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1915T NP	1	..	..	14.79	16.04	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]3.53	18.32	16.04	[a] Elocon [MK]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10827W NP	2	5	..	*18.11	19.36	[a] Momasone [QA]	[a] Novasone [AF]
			[B]7.06	*25.17	19.36	[a] Elocon Alcohol Free [MK]	

mometasone furoate 0.1% lotion, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10819K NP	2	5	..	*21.95	23.20	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]7.06	*29.01	23.20	[a] Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10812C NP	2	5	..	*18.11	19.36	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]7.06	*25.17	19.36	[a] Elocon [MK]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10809X NP	4	5	..	*24.71	25.96	[a] Momasone [QA]	[a] Novasone [AF]
			[B]14.12	*38.83	25.96	[a] Elocon Alcohol Free [MK]	

mometasone furoate 0.1% lotion, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10826T NP	3	5	..	*27.16	28.41	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]10.59	*37.75	28.41	[a] Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10814E NP	4	5	..	*24.71	25.96	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]

		[B]14.12	*38.83	25.96	[a] Elocon [MK]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10815F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
6	5	..	*31.33	32.58	[a] Momasone [QA]	[a] Novasone [AF]
		[B]21.18	*52.51	32.58	[a] Elocon Alcohol Free [MK]	

mometasone furoate 0.1% ointment, 15 g

10828X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
6	5	..	*31.33	32.58	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
		[B]21.18	*52.51	32.58	[a] Elocon [MK]	

▪ MOMETASONE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10818J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8	5	..	*37.95	39.20	[a] Momasone [QA]	[a] Novasone [AF]
		[B]28.24	*66.19	39.20	[a] Elocon Alcohol Free [MK]	

mometasone furoate 0.1% ointment, 15 g

10793C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8	5	..	*37.95	39.20	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
		[B]28.24	*66.19	39.20	[a] Elocon [MK]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10792B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	5	..	*44.59	40.30	[a] Momasone [QA]	[a] Novasone [AF]
		[B]35.30	*79.89	40.30	[a] Elocon Alcohol Free [MK]	

mometasone furoate 0.1% lotion, 30 mL

10804P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	5	..	*37.64	38.89	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
		[B]17.65	*55.29	38.89	[a] Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

10791Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	5	..	*44.59	40.30	[a] Momasone [QA]	[a] Novasone [AF]

				[a] Zatamil [EO]
[B]35.30	*79.89	40.30	[a] Elocon [MK]	

NP

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

mometasone furoate 0.1% lotion, 30 mL

10805Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*32.39	33.64	[a] Momasone [QA] [a] Zatamil [EO]	[a] Novasone [AF]
		[B]14.12	*46.51	33.64	[a] Elocon [MK]	

NP

Corticosteroids, very potent (group IV)

▪ CLOBETASOL

Authority required (STREAMLINED)

5461

Moderate to severe scalp psoriasis

Clinical criteria:

- The condition must be inadequately controlled with either a vitamin D analogue or potent topical corticosteroid as monotherapy; OR
- The condition must be inadequately controlled with combination use of a vitamin D analogue and potent topical corticosteroid.

Population criteria:

- Patient must be aged 18 years or older.

clobetasol propionate 0.05% shampoo, 125 mL

10080M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	47.32	40.30	Clobex [GA]

▪ ANTI-ACNE PREPARATIONS

ANTI-ACNE PREPARATIONS FOR TOPICAL USE

Retinoids for topical use in acne

▪ ADAPALENE + BENZOYL PEROXIDE

Restricted benefit

Severe acne vulgaris

Treatment Phase: Acute treatment

Clinical criteria:

- The treatment must in combination with an oral antibiotic.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

8954G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	36.68	37.93	Epiduo [GA]

▪ ADAPALENE + BENZOYL PEROXIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Severe acne vulgaris

Clinical criteria:

- The treatment must be maintenance therapy.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8955H						
NP	‡1	3	..	36.68	37.93	Epiduo [GA]

ANTI-ACNE PREPARATIONS FOR SYSTEMIC USE

Retinoids for treatment of acne

▪ ISOTRETINOIN

Caution This drug causes birth defects.
This drug has been reported to cause other frequent and potentially serious toxicity.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required (STREAMLINED)

5224

Severe cystic acne

Clinical criteria:

- The condition must be unresponsive to other therapy.

isotretinoin 5 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11716P	1	3	..	23.32	24.57	Oratane [OU]

isotretinoin 10 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2591J	1	3	..	35.16	36.41	[a] APO-Isotretinoin [TX] [a] Isotretinoin AN [EA] [a] Rocta 10 [RW]	[a] Dermatane [ER] [a] Oratane [RF]

isotretinoin 40 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2549E	1	3	..	44.79	40.30	[a] Dermatane [ER]	[a] Oratane [RF]

▪ ISOTRETINOIN

Caution This drug causes birth defects.
This drug has been reported to cause other frequent and potentially serious toxicity.

Note Pharmaceutical benefits that have form pack size isotretinoin 20 mg capsule, 60 and isotretinoin 20 mg capsule, 30 are equivalent for the purposes of substitution.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required (STREAMLINED)

5224

Severe cystic acne

Clinical criteria:

- The condition must be unresponsive to other therapy.

isotretinoin 20 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11621P	2	3	..	*48.39	40.30	[a] Roaccutane [RO]

isotretinoin 20 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2592K	1	3	..	48.38	40.30	[a] APO-Isotretinoin [TX] [a] Isotretinoin AN [EA] [a] Oratane [RF] [a] Rocta 20 [RW]	[a] Dermatane [ER] [a] Isotretinoin SCP 20 [CR] [a] Roaccutane [RO]

▪ OTHER DERMATOLOGICAL PREPARATIONS

OTHER DERMATOLOGICAL PREPARATIONS

Agents for dermatitis, excluding corticosteroids

▪ PIMECROLIMUS

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)

5482

Atopic dermatitis

Population criteria:

- Patient must be at least 3 months of age.

Clinical criteria:

- The condition must be on the patient's face; OR
- The condition must be on the patient's eyelid, **AND**
- Patient must have 1 or more of the following contraindications to topical corticosteroids: (i) perioral dermatitis; (ii) periorbital dermatitis; (iii) rosacea; (iv) epidermal atrophy; (v) dermal atrophy; (vi) allergy to topical corticosteroids; (vii) cataracts; (viii) glaucoma; (ix) raised intraocular pressure, **AND**
- Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.

Authority required (STREAMLINED)

5472

Atopic dermatitis

Treatment Phase: Short-term (up to 3 weeks) intermittent treatment

Population criteria:

- Patient must be at least 3 months of age.

Clinical criteria:

- The condition must be on the patient's face; OR
- The condition must be on the patient's eyelid, **AND**
- Patient must have failed to achieve satisfactory disease control with intermittent topical corticosteroid therapy, **AND**
- The condition must have been initially diagnosed more than three months prior to this treatment, **AND**
- Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.

Failure to achieve satisfactory disease control with intermittent topical corticosteroid therapy is manifest by:

(i) failure of the facial skin to clear despite at least 2 weeks of topical hydrocortisone 1% applied every day; or

(ii) failure of the facial skin to clear despite at least 1 week of a moderate or potent topical corticosteroid applied every day; or

(iii) clearing of the facial skin with at least 2 weeks of topical hydrocortisone 1% applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions; or

(iv) clearing of the facial skin with at least 1 week of a moderate or potent topical corticosteroid applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions

pimecrolimus 1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8802G	‡1	1	..	31.83	33.08	Elidel [GO]

Other dermatologicals

▪ DAPSONE

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.

dapsone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1272Y NP	1	1	..	318.59	40.30	Link Medical Products Pty Ltd [LM]

dapsone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8801F NP	1	1	..	260.58	40.30	Link Medical Products Pty Ltd [LM]

▪ IMIQUIMOD

Note The patient or carer must be able to understand and administer the imiquimod dosing regimen.

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 Treatment of recurrent (previously treated) lesions will not be authorised.

Note Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.

Authority required

Superficial basal cell carcinoma

Clinical criteria:

- The condition must be previously untreated, **AND**
- The condition must be confirmed by biopsy, **AND**
- Patient must have normal immune function, **AND**
- The condition must not be suitable for treatment with surgical excision; OR
- The condition must not be suitable for treatment with cryotherapy; OR
- The condition must not be suitable for treatment with curettage with diathermy, **AND**
- Patient must require topical drug therapy.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

imiquimod 5% cream, 2 x 2 g

2637T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	[B]4.55	91.56	40.30	[a] Aldara Pump [IL]

imiquimod 5% cream, 12 x 250 mg sachets

2546B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	87.01	40.30	[a] Aldiq [QA]	[a] APO-Imiquimod [TX]
		[B]2.28	89.29	40.30	[a] Aldara [IL]	

GENITO URINARY SYSTEM AND SEX HORMONES

OTHER GYNECOLOGICALS

CONTRACEPTIVES FOR TOPICAL USE

Intrauterine contraceptives

LEVONORGESTREL

Restricted benefit

Contraception

Restricted benefit

Idiopathic menorrhagia

Clinical criteria:

- The treatment must be in a patient where oral treatments are ineffective.

Restricted benefit

Idiopathic menorrhagia

Clinical criteria:

- The treatment must be in a patient where oral treatments are contraindicated.

levonorgestrel 52 mg intrauterine drug delivery system, 1 system

8633J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	208.46	40.30	Mirena [BN]

OTHER GYNECOLOGICALS

Prolactine inhibitors

BROMOCRIPTINE

Restricted benefit

Prevention of the onset of lactation

Clinical criteria:

- The treatment must occur in the puerperium, **AND**
- The treatment must be for medical reasons.

bromocriptine 2.5 mg tablet, 30

1444B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	22.35	23.60	Parlodel [SZ]

BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Acromegaly

Restricted benefit

Parkinson disease

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

bromocriptine 2.5 mg tablet, 30

1443Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*33.23	34.48	Parlodel [SZ]

▪ CABERGOLINE

Restricted benefit

Prevention of the onset of lactation

Clinical criteria:

- The treatment must occur in the puerperium, **AND**
- The treatment must be for medical reasons.

cabergoline 500 microgram tablet, 2

8115D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	24.84	26.09	[a] APO-Cabergoline [TX]	[a] Dostinex [PF]

▪ CABERGOLINE

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

cabergoline 500 microgram tablet, 8

8114C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	64.94	40.30	[a] APO-Cabergoline [TX]	[a] Dostinex [PF]

▪ QUINAGOLIDE

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

quinagolide 25 microgram tablet [3 tablets] (&) quinagolide 50 microgram tablet [3 tablets], 6

8860H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	15.23	16.48	Norprolac [FP]

quinagolide 75 microgram tablet, 30

8822H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	48.98	40.30	Norprolac [FP]

SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

HORMONAL CONTRACEPTIVES FOR SYSTEMIC USE

Progestogens and estrogens, fixed combinations

LEVONORGESTREL + ETHINYLESTRADIOL

levonorgestrel 100 microgram + ethinylestradiol 20 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

2416E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	17.59	18.84	Femme-Tab ED 20/100 [AE]

levonorgestrel 125 microgram + ethinylestradiol 50 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

1456P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	19.20	20.45	Microgynon 50 ED [BN]

levonorgestrel 150 microgram + ethinylestradiol 30 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

1394J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	17.59	18.84	[a] Monofeme 28 [FZ]	
					[b] Eleanor 150/30 ED [EA]	[b] Evelyn 150/30 ED [GQ]
					[b] Femme-Tab ED 30/150 [AE]	[b] Lenest 30 ED [AF]
					[b] Micronelle 30 ED [TX]	
		[B]3.50	21.09	18.84	[b] Levlen ED [SY]	
		[B]11.56	29.15	18.84	[a] Nordette 28 [PF]	

NORETHISTERONE + ETHINYLESTRADIOL

norethisterone 1 mg + ethinylestradiol 35 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

2775C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	20.21	21.46	[a] Norimin-1 28 Day [FZ]
		[B]9.78	29.99	21.46	[a] Brevinor-1 [PF]

norethisterone 500 microgram + ethinylestradiol 35 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

2774B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	20.21	21.46	[a] Norimin 28 Day [FZ]
		[B]9.78	29.99	21.46	[a] Brevinor [PF]

NORETHISTERONE + MESTRANOL

norethisterone 1 mg + mestranol 50 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

3179H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	21.11	22.36	Norinyl-1/28 [PF]

Progestogens and estrogens, sequential preparations

LEVONORGESTREL + ETHINYLESTRADIOL

ethinylestradiol 30 microgram + levonorgestrel 50 microgram tablet [24] (&) ethinylestradiol 40 microgram + levonorgestrel 75 microgram tablet [20] (&) ethinylestradiol 30 microgram + levonorgestrel 125 microgram tablet [40] (&) inert substance tablet [28], 112 [4 x 28]

1392G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	19.20	20.45	[a] Trifeme 28 [FZ]
					[b] Logynon ED [SY]
		[B]13.00	32.20	20.45	[a] Triphasil 28 [PF]
		[B]13.56	32.76	20.45	[b] Triquilar ED [BN]

Progestogens

ETONOGESTREL

etonogestrel 68 mg implant, 1

8487Q (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	167.03	40.30	Implanon NXT [MK]

LEVONORGESTREL

levonorgestrel 30 microgram tablet, 112 tablets [4 x 28]

2913H (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	19.18	20.43	Microlut 28 [BN]

MEDROXYPROGESTERONE

medroxyprogesterone acetate 150 mg/mL injection, 1 mL vial

3118D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	25.61	26.86	[a] Depo-Ralovera [FZ]

[B]7.00	32.61	26.86	[a] Depo-Provera [PF]	

▪ NP NORETHISTERONE

norethisterone 350 microgram tablet, 4 x 28

1967M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	20.21	21.46	Noriday 28 Day [PF]

ANDROGENS

3-oxoandrosten (4) derivatives

▪ TESTOSTERONE

Authority required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone 1% (12.5 mg/actuation) gel, 2 x 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10380H	‡1	4	..	76.98	40.30	Testogel [HB]

testosterone 5% (50 mg/mL) cream, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10378F	‡1	6	..	65.22	40.30	AndroForte 5 [LX]

testosterone 2.5 mg/24 hours patch, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8460G	‡1	5	..	77.51	40.30	Androderm [GN]

testosterone 5 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8619P	‡1	5	..	77.51	40.30	Androderm [GN]

testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8830R	‡1	5	..	76.98	40.30	Testogel [HB]

▪ TESTOSTERONE UNDECANOATE

Authority required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone undecanoate 1 g/4 mL modified release injection, 4 mL vial

10205D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	115.59	40.30	Reandron 1000 [BN]

testosterone undecanoate 40 mg capsule, 60

2115H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	33.45	34.70	Andriol Testocaps [MK]

ESTROGENS

Natural and semisynthetic estrogens, plain

▪ ESTRADIOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 10 microgram modified release pessary, 18

10203B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	33.55	34.80	Vagifem Low [NO]

estradiol 2 mg tablet, 56

8274L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	17.68	18.93	Zumenon [GO]

estradiol valerate 1 mg tablet, 56

1663M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	16.05	17.30	Progynova [BN]

estradiol valerate 2 mg tablet, 56

1664N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	17.98	19.23	Progynova [BN]

▪ ESTRADIOL

Note Estradiol should be used in conjunction with an oral progestogen in women with an intact uterus.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 37.5 microgram/24 hours patch, 8

8762E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	20.76	22.01	Estradot 37.5 [SZ]

estradiol 75 microgram/24 hours patch, 8

8764G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.53	23.78	Estradot 75 [SZ]

estradiol 100 microgram/24 hours patch, 8

8312L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.53	23.78	Estraderm MX 100 [JU]

estradiol 100 microgram/24 hours patch, 8

8765H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.53	23.78	Estradot 100 [SZ]

estradiol 50 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8140K NP	‡1	5	..	20.76	22.01	Estraderm MX 50 [JU]

estradiol 50 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8763F NP	‡1	5	..	20.76	22.01	Estradot 50 [SZ]

estradiol 25 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8311K NP	‡1	5	..	20.76	22.01	Estraderm MX 25 [JU]

estradiol 25 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8761D NP	‡1	5	..	20.76	22.01	Estradot 25 [SZ]

estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8286D NP	‡1	5	..	20.76	22.01	Sandrena [AS]

estradiol 25 microgram/24 hours patch, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8485N NP	‡1	5	..	20.76	22.01	Climara 25 [BN]

estradiol 50 microgram/24 hours patch, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8125P NP	‡1	5	..	20.76	22.01	Climara 50 [BN]

estradiol 75 microgram/24 hours patch, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8486P NP	‡1	5	..	22.53	23.78	Climara 75 [BN]

estradiol 100 microgram/24 hours patch, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8126Q NP	‡1	5	..	22.53	23.78	Climara 100 [BN]

▪ ESTRIOL

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estriol 500 microgram pessary, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1771F NP	‡1	2	..	24.29	25.54	Ovestin Ovula [AS]

estriol 0.1% (1 mg/g) cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1781R NP	‡1	1	..	22.80	24.05	Ovestin [AS]

PROGESTOGENS

Pregnen (4) derivatives

▪ MEDROXYPROGESTERONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

medroxyprogesterone acetate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2321E NP	1	2	..	18.35	19.60	[a] Ralovera [FZ]
			[B]6.70	25.05	19.60	[a] Provera [PF]

medroxyprogesterone acetate 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2323G NP	1	2	..	19.48	20.73	[a] Ralovera [FZ]
			[B]6.70	26.18	20.73	[a] Provera [PF]

▪ MEDROXYPROGESTERONE

Restricted benefit

Endometriosis

medroxyprogesterone acetate 10 mg tablet, 100

2722G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	34.38	35.63	[a] Ralovera [FZ]
		[B]6.70	41.08	35.63	[a] Provera [PF]

Estren derivatives

▪ NORETHISTERONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

norethisterone 5 mg tablet, 30

2993M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	33.69	34.94	Primolut N [BN]

PROGESTOGENS AND ESTROGENS IN COMBINATION

Progestogens and estrogens, fixed combinations

▪ ESTRADIOL + DYDROGESTERONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 1 mg + dydrogesterone 5 mg tablet, 28

10142T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	22.21	23.46	Femoston-Conti [GO]

▪ ESTRADIOL + NORETHISTERONE ACETATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch, 8

8428N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.53	23.78	Estalis continuous 50/250 [SZ]

estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch, 8

8427M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.53	23.78	Estalis continuous 50/140 [SZ]

Progestogens and estrogens, sequential preparations

▪ ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 1 mg tablet [14] (&) estradiol 1 mg + dydrogesterone 10 mg tablet [14], 28

10146B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.21	23.46	Femoston 1/10 [GO]

estradiol 2 mg tablet [14] (&) estradiol 2 mg + dydrogesterone 10 mg tablet [14], 28

8244X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.21	23.46	Femoston 2/10 [GO]

▪ NORETHISTERONE ACETATE + ESTRADIOL (&) ESTRADIOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch [4], 8

8426L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.53	23.78	Estalis sequi 50/250 [SZ]

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch [4], 8

8425K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.53	23.78	Estalis sequi 50/140 [SZ]

GONADOTROPINS AND OTHER OVULATION STIMULANTS

Gonadotropins

▪ FOLLITROPIN ALFA

Note Biosimilar prescribing policy Prescribing of the biosimilar brand, Bemfola, is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

follitropin alfa 225 units (16.5 microgram)/0.375 mL injection, 5 x 0.375 mL pen devices

10876K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	..	*1348.60	40.30	Bemfola [FX]

follitropin alfa 75 units (5.5 microgram)/0.125 mL injection, 5 x 0.125 mL pen devices

10865W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	..	*460.72	40.30	Bemfola [FX]

follitropin alfa 150 units (11 microgram)/0.25 mL injection, 5 x 0.25 mL pen devices

10877L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	..	*916.24	40.30	Bemfola [FX]

follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL pen device

8713N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*369.61	40.30	Gonal-f Pen [SG]

follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL pen device

8714P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*551.83	40.30	Gonal-f Pen [SG]

follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL pen device

8715Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*734.05	40.30	Gonal-f Pen [SG]

▪ FOLLITROPIN BETA

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge

8565T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*411.94	40.30	Puregon 300 IU/0.36 mL [MK]

follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge

8566W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*534.35	40.30	Puregon 600 IU/0.72 mL [MK]

follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge

8871X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*791.85	40.30	Puregon 900 IU/1.08 mL [MK]

▪ HUMAN CHORIONIC GONADOTROPHIN

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

Infertility

Population criteria:

- Patient must be male.

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism.

Restricted benefit

Infertility

Population criteria:

- Patient must be male.

Clinical criteria:

- The condition must be associated with isolated luteinising hormone deficiency.

Restricted benefit

Combined deficiency of human growth hormone and gonadotrophins

Population criteria:

- Patient must be male.

Clinical criteria:

- Patient must be one in whom the absence of secondary sexual characteristics indicates a lag in maturation.

Restricted benefit

Hypogonadism or delayed puberty

Population criteria:

- Patient must be male, **AND**
- Patient must be aged 16 years or older.

Clinical criteria:

- Patient must show clinical evidence of the condition, **AND**
- The treatment must not extend beyond 6 months.

human chorionic gonadotrophin 1500 units injection [3 vials] (&) inert substance diluent [3 x 1 mL vials], 1 pack

11148R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	45.43	40.30	Pregnyl [MK]

Ovulation stimulants, synthetic

▪ CLOMIFENE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Restricted benefit
Anovulatory infertility
Restricted benefit
Patients undergoing in-vitro fertilisation

clomifene citrate 50 mg tablet, 10

1211R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	35.91	37.16	Clomid [SW]

ANTIANDROGENS

Antiandrogens, plain

▪ CYPROTERONE

cyproterone acetate 100 mg tablet, 50

8019C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	67.26	40.30	[a] ANTERONE 100 [RW]	[a] APO-Cyproterone [TX]
					[a] Cyprocur 100 [QA]	[a] Cyprone 100 [AF]
					[a] Cyprostat-100 [SY]	[a] Cyproterone AN [EA]
					[a] Cyproterone Sandoz [HX]	[a] GenRx Cyproterone Acetate [GX]
					[a] Pharmacor Cyproterone 100 [CR]	
		[B]1.41	68.67	40.30	[a] Androcur-100 [BN]	

cyproterone acetate 50 mg tablet, 50

1270W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*83.09	40.30	[a] ANTERONE 50 [RW]	[a] APO-Cyproterone [TX]
					[a] Cyprocur 50 [QA]	[a] Cyprone 50 [AL]
					[a] Cyprostat [SY]	[a] Cyproterone AN [EA]
					[a] Cyproterone Sandoz [HX]	[a] GenRx Cyproterone Acetate [GX]
					[a] Pharmacor Cyproterone 50 [CR]	
		[B]2.28	*85.37	40.30	[a] Androcur [BN]	

▪ CYPROTERONE

Caution This drug should not be used during pregnancy as it may result in feminisation of the male foetus.

Authority required (STREAMLINED)
5532
Moderate to severe androgenisation
Clinical criteria:
- The condition must not be indicated by acne alone, as this is not a sufficient indication of androgenisation.

Population criteria:
- Patient must be female.

Clinical criteria:
- Patient must not be pregnant.

cyproterone acetate 50 mg tablet, 20

1269T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.80	27.05	[a] ANTERONE 50 [RW]	[a] APO-Cyproterone [TX]
					[a] Cyprocur 50 [QA]	[a] Cyprone 50 [AL]
					[a] Cyprostat [SY]	[a] Cyproterone AN [EA]
					[a] Cyproterone Sandoz [HX]	[a] GenRx Cyproterone Acetate [GX]
					[a] Pharmacor Cyproterone 50 [CR]	
		[B]2.40	28.20	27.05	[a] Androcur [BN]	

OTHER SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

Antigonadotropins and similar agents

▪ DANAZOL

Caution Pregnancy must be excluded prior to administration of this drug.

Authority required (STREAMLINED)
6293
Endometriosis
Clinical criteria:
- The condition must be visually proven.

Authority required (STREAMLINED)
6285

Hereditary angio-oedema

Authority required (STREAMLINED)

6259

Intractable primary menorrhagia

Clinical criteria:

- The treatment must be for the short-term (up to 6 months).

Note Treatment of this indication is limited to 6 months. See Australian Product Information

Authority required (STREAMLINED)

6242

Breast disease

Clinical criteria:

- The treatment must be for the short-term (up to 6 months), **AND**
- The condition must be severe benign (fibrocystic) breast disease; OR
- The condition must be mastalgia associated with severe symptomatic benign breast disease, **AND**
- The condition must be refractory to treatment with other drugs.

Note Treatment of this indication is limited to 6 months. See Australian Product Information

danazol 100 mg capsule, 100

1285P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	49.99	40.30	Azol 100 [AF]

danazol 200 mg capsule, 100

1287R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	70.96	40.30	Azol 200 [AF]

Progesterone receptor modulators

▪ MIFEPRISTONE (&) MISOPROSTOL

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

Termination of an intra-uterine pregnancy

Clinical criteria:

- The condition must be an intra-uterine pregnancy of up to 63 days of gestation.

Treatment criteria:

- Must be treated by a prescriber who is registered with the MS 2 Step Prescribing Program.

mifepristone 200 mg tablet [1] (&) misoprostol 200 microgram tablet [4], 1 pack

10211K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	312.18	40.30	MS-2 Step [XH]

▪ UROLOGICALS

UROLOGICALS

Drugs for urinary frequency and incontinence

▪ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

oxybutynin hydrochloride 5 mg tablet, 100

8039D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.29	16.54	[a] Ditropan [SW]	[a] Oxybutynin Sandoz [SZ]

▪ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

Clinical criteria:

- Patient must be unable to tolerate oral oxybutynin; OR
- Patient must be unable to swallow oral oxybutynin.

oxybutynin 3.9 mg/24 hours patch, 8

9454N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	36.53	37.78	Oxytrol [TT]

▪ PROPANTHELINE

Restricted benefit

Detrusor overactivity

propantheline bromide 15 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1953T NP	2	5	..	*25.63	26.88	Pro-Banthine [RW]

Other urologicals

▪ BICARBONATE

sodium bicarbonate 840 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9470K NP	1	2	..	19.67	20.92	Sodibic [AS]

▪ PHENOXYBENZAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Phaeochromocytoma

Restricted benefit

Neurogenic urinary retention

phenoxybenzamine hydrochloride 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1862B NP	1	5	..	948.46	40.30	Dibenyline [GH]

phenoxybenzamine hydrochloride 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9286R NP	1	5	..	948.46	40.30	Dibenzyline [BZ]

phenoxybenzamine hydrochloride 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1166J NP	3	5	..	*854.11	40.30	Amdipharm Mercury (Australia) Pty Limited [GH]

DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

Alpha-adrenoreceptor antagonists

▪ DUTASTERIDE + TAMSULOSIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6189

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5490Y NP	1	5	..	32.36	33.61	Duodart 500ug/400ug [GK]

Testosterone-5-alpha reductase inhibitors

▪ DUTASTERIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6202

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia, **AND**
- The treatment must be in combination with an alpha-antagonist.

dutasteride 500 microgram capsule, 30

5468T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	28.15	29.40	[a] APO-Dutasteride [TX]
			[B]7.00	35.15	29.40	[a] Avodart [GK]

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES

ACTH

TETRACOSACTIDE (TETRACOSACTRIN)

Restricted benefit

Hypsarrhythmia and/or infantile spasms

tetracosactide (tetracosactrin) 1 mg/mL modified release injection, 1 mL ampoule

2832C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	5	..	*385.74	40.30	Synacthen Depot 1 mg/1 mL [LM]

Thyrotropin

THYROTROPIN ALFA

Restricted benefit

Ablation of thyroid remnant tissue

Clinical criteria:

- Patient must have undergone a thyroidectomy, **AND**
- The treatment must be in combination with radioactive iodine, **AND**
- Patient must not have a known metastatic disease.

thyrotropin alfa 900 microgram injection, 2 vials

2700D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	..	..	1630.67	40.30	Thyrogen [GZ]

POSTERIOR PITUITARY LOBE HORMONES

Vasopressin and analogues

DESMOPRESSIN

Authority required (STREAMLINED)

5266

Cranial diabetes insipidus

desmopressin acetate 100 microgram/mL nasal drops, 2.5 mL

2129C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	5	..	*125.79	40.30	Minirin [FP]

desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations

8711L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	..	*125.65	40.30	Minirin Nasal Spray [FP]

desmopressin acetate 200 microgram tablet, 30

8662X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	..	*139.57	40.30	Minirin [FP]

DESMOPRESSIN

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months with no more than twice the maximum quantity will be authorised for the tablets.

Authority required (STREAMLINED)

5413

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5295

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin acetate 200 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8663Y NP	1	5	..	54.18	40.30	Minirin [FP]

▪ DESMOPRESSIN

Caution Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.

Note Not to be used in preference to enuresis alarms.

Authority required (STREAMLINED)

5342

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5267

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8712M NP	‡1	5	..	68.56	40.30	Minirin Nasal Spray [FP]

▪ DESMOPRESSIN

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.

Authority required (STREAMLINED)

5412

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5226

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin 120 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9398P NP	1	5	..	59.06	40.30	Minirin Melt [FP]

desmopressin 240 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8975J NP	1	5	..	92.35	40.30	Minirin Melt [FP]

HYPOTHALAMIC HORMONES

Gonadotropin-releasing hormones

▪ NAFARELIN

Restricted benefit

Endometriosis

Treatment Phase: Initial treatment, for up to 6 months

Clinical criteria:

- The condition must be visually proven.

Restricted benefit

Endometriosis

Treatment Phase: Subsequent treatment, for up to 6 months

Clinical criteria:

- The condition must be visually proven, **AND**
- The treatment must not be within 2 years of the end of the previous course of treatment with this drug, **AND**
- Patient must have had a recent bone density assessment.

The date of the bone density assessment must be recorded in the patient's medical records.

nafarelin 200 microgram/actuation nasal spray, 60 actuations

2962X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	121.80	40.30	Synarel [PF]

CORTICOSTEROIDS FOR SYSTEMIC USE

CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN

Mineralocorticoids

FLUDROCORTISONE ACETATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

fludrocortisone acetate 100 microgram tablet, 100

1433K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*40.39	40.30	Florinef [QA]

Glucocorticoids

BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules

5034Y

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.64	28.89	Celestone Chronodose [MK]

BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

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.

Restricted benefit

Alopecia areata

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Granulomata

Clinical criteria:

- The condition must be dermal.

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

Restricted benefit

Lichen simplex chronicus

Restricted benefit

Chronic discoid lupus erythematosus

Restricted benefit

Necrobiosis lipoidica

Restricted benefit

Uveitis

betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules

2694T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.64	28.89	Celestone Chronodose [MK]

▪ CORTISONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

cortisone acetate 25 mg tablet, 60

1247P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	23.94	25.19	Cortate [AS]

cortisone acetate 5 mg tablet, 50

1246N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	18.81	20.06	Cortate [AS]

▪ DEXAMETHASONE

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.

dexamethasone 4 mg tablet, 30

2507Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	16.68	17.93	Dexmethsone [AS]

dexamethasone 500 microgram tablet, 30

1292B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	13.58	14.83	Dexmethsone [AS]

▪ DEXAMETHASONE PHOSPHATE

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.

DEXAMETHASONE SODIUM PHOSPHATE Injection equivalent to 4 mg dexamethasone phosphate in 1 mL, 5

2509C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.60	18.85	[a] Dexamethasone Mylan [AF]	[a] Hospira Pty Limited [PF]

dexamethasone phosphate 8 mg/2 mL injection, 5 x 2 mL vials

1291Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	26.49	27.74	[a] Dexamethasone Mylan [AF]	[a] Hospira Pty Limited [PF]

▪ HYDROCORTISONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

hydrocortisone 20 mg tablet, 60

1500Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	32.12	33.37	[a] Hydrocortisone Mylan 20 [AL]	[a] Hysone 20 [AF]

hydrocortisone 4 mg tablet, 50

1499X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	25.94	27.19	[a] Hydrocortisone Mylan 4 [AL]	[a] Hysone 4 [AF]

▪ HYDROCORTISONE SODIUM SUCCINATE

hydrocortisone (as sodium succinate) 100 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

1501B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.29	22.54	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 250 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

3096Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	20.24	21.49	Solu-Cortef [PF]

▪ HYDROCORTISONE SODIUM SUCCINATE

Restricted benefit

For use in a hospital

hydrocortisone (as sodium succinate) 100 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

1510L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*40.87	40.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 100 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

5118J DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*40.87	40.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 250 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

1511M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*64.03	40.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 250 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

5119K DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*64.03	40.30	Solu-Cortef [PF]

▪ METHYLPREDNISOLONE

methylprednisolone 1 g injection, 1 vial

5264C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	43.98	40.30	[a] Methylpred [AL]	[a] Methylprednisolone Alphapharm [AF]
					[a] Solu-Medrol [PF]	

▪ METHYLPREDNISOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL injection, 5 x 1 mL vials

1928L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	22.86	24.11	[a] Depo-Nisolone [FZ]
		[B]2.61	25.47	24.11	[a] Depo-Medrol [PF]

▪ METHYLPREDNISOLONE

Note Pharmaceutical benefits that have the form methylprednisolone powder for injection 40 mg (as sodium succinate) and pharmaceutical benefits that have the form methylprednisolone powder for injection 40 mg (as sodium succinate) with diluent are equivalent for the purposes of substitution.

methylprednisolone 40 mg injection, 5 vials

5263B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.62	24.87	[a] Methylpred [AL]

methylprednisolone 40 mg injection [5 vials] (&) inert substance diluent [5 x 1 mL vials], 1 pack

2981X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	41.11	40.30	[a] Solu-Medrol [PF]

▪ METHYLPREDNISOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL injection, 5 x 1 mL vials

5148Y DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	22.86	24.11	[a] Depo-Nisolone [FZ]
		[B]2.61	25.47	24.11	[a] Depo-Medrol [PF]

▪ PREDNISOLONE

prednisolone 1 mg tablet, 100

3152X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	14.04	15.29	[a] Predsolone [LN]
		[B]1.00	15.04	15.29	[a] Panafcortelone [AS]

prednisolone 25 mg tablet, 30

1916W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	15.76	17.01	Panafcortelone [AS]	Solone [IL]

prednisolone 5 mg tablet, 60

1917X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	14.48	15.73	Panafcortelone [AS]	Solone [IL]

▪ PREDNISOLONE SODIUM PHOSPHATE

prednisolone (as sodium phosphate) 5 mg/mL oral liquid, 30 mL

8285C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	18.68	19.93	[a] PredMix [LN]
		[B]2.35	21.03	19.93	[a] Redipred [AS]

▪ PREDNISONE

prednisone 1 mg tablet, 100

1934T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	13.99	15.24	[a] Predsone [LN]
		[B]1.00	14.99	15.24	[a] Panafcort [AS]

prednisone 25 mg tablet, 30

1936X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	15.82	17.07	Panafcort [AS]	Sone [IL]

prednisone 5 mg tablet, 60

1935W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	14.39	15.64	Panafcort [AS]	Sone [IL]

▪ TRIAMCINOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

5233K DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.64	28.89	Kenacort-A10 [QA]

▪ TRIAMCINOLONE

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.

Restricted benefit

Alopecia areata

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Granulomata

Clinical criteria:

- The condition must be dermal.

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

Restricted benefit

Lichen simplex chronicus

Restricted benefit

Chronic discoid lupus erythematosus

Restricted benefit

Necrobiosis lipoidica

Restricted benefit

Psoriasis

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2990J NP	1	..	..	27.64	28.89	Kenacort-A10 [QA]

THYROID THERAPY

THYROID PREPARATIONS

Thyroid hormones

LEVOTHYROXINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

levothyroxine sodium 100 microgram tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2175L NP	1	1	..	26.75	28.00	[a] Eutroxsig [FM]
			[B]1.92	28.67	28.00	[a] Oroxine [QA]

levothyroxine sodium 200 microgram tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2173J NP	1	1	..	29.38	30.63	[a] Eutroxsig [FM]
			[B]1.93	31.31	30.63	[a] Oroxine [QA]

levothyroxine sodium 50 microgram tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2174K NP	1	1	..	26.22	27.47	[a] Eutroxsig [FM]
			[B]1.91	28.13	27.47	[a] Oroxine [QA]

levothyroxine sodium 75 microgram tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9287T NP	1	1	..	26.78	28.03	[a] Eutroxsig [FM]
			[B]1.98	28.76	28.03	[a] Oroxine [QA]

LIOTHYRONINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6382

Thyroid cancer

Authority required (STREAMLINED)

6410

Hypothyroidism

Clinical criteria:

- The treatment must be for replacement therapy, **AND**
- Patient must have documented intolerance to levothyroxine sodium; OR
- Patient must have documented resistance to levothyroxine sodium.

Authority required (STREAMLINED)

6475

Hypothyroidism

Clinical criteria:

- The condition must be severe hypothyroidism, **AND**
- The treatment must be for initiation of therapy only.

liothyronine sodium 20 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2318B NP	1	2	..	68.42	40.30	Tertroxin [QA]

ANTITHYROID PREPARATIONS

Thiouracils

▪ PROPYLTHIOURACIL

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

propylthiouracil 50 mg tablet, 100

1955X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*42.95	40.30	PTU [FF]

NP

Sulfur-containing imidazole derivatives

▪ CARBIMAZOLE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

carbimazole 5 mg tablet, 100

1153Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*39.07	40.30	Carbimazol ARISTO [PQ]	Neo-Mercazole [GH]

NP

▪ PANCREATIC HORMONES

GLYCOGENOLYTIC HORMONES

Glycogenolytic hormones

▪ GLUCAGON HYDROCHLORIDE

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

1449G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	49.12	40.30	GlucaGen Hypokit [NO]

NP

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

5105Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	49.12	40.30	GlucaGen Hypokit [NO]

DP

▪ CALCIUM HOMEOSTASIS

PARATHYROID HORMONES AND ANALOGUES

Parathyroid hormones and analogues

▪ TERIPARATIDE

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

Severe established osteoporosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised agent, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum

requirement of 12 months continuous therapy**.** Details must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Note Details of accepted toxicities including severity can be found on the Department of Human Services website at www.humanservices.gov.au.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9411H	1	5	..	412.19	40.30	Forteo [LY]

ANTI-PARATHYROID AGENTS

Calcitonin preparations

▪ CALCITONIN SALMON (SALCATONIN)

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Symptomatic Paget disease of bone

Restricted benefit

Hypercalcaemia

Clinical criteria:

- The treatment must be initiated in a hospital.

calcitonin salmon (salcatonin) 100 units/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2997R NP	3	5	..	*125.68	40.30	Miacalcic 100 [EU]

▪ ANTIINFECTIVES FOR SYSTEMIC USE

▪ ANTIBACTERIALS FOR SYSTEMIC USE

TETRACYCLINES

Tetracyclines

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hydrochloride), doxycycline tablet 100 mg (as monohydrate) and doxycycline capsule: modified release 100 mg (as hydrochloride) are equivalent for the purposes of substitution.

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2709N NP	1	1	..	12.94	14.19	[a] Doxsig [RW] [a] Doxylin 100 [AF]	[a] Doxycycline AN [EA]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3321T DP	1	..	..	12.94	14.19	[a] Doxsig [RW] [a] Doxylin 100 [AF]	[a] Doxycycline AN [EA]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5082L DP	1	..	..	12.94	14.19	[a] APO-Doxycycline [TX] [a] GenRx Doxycycline [GX]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9105F NP	1	1	..	12.94	14.19	[a] APO-Doxycycline [TX] [a] GenRx Doxycycline [GX]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg modified release capsule, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2708M NP	1	1	[B]1.54	14.48	14.19	[a] Mayne Pharma Doxycycline [YT]
			[B]2.96	15.90	14.19	[a] Doryx [YN]

doxycycline 100 mg modified release capsule, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3322W DP	1	..	[B]1.54	14.48	14.19	[a] Mayne Pharma Doxycycline [YT]
			[B]2.96	15.90	14.19	[a] Doryx [YN]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hydrochloride), doxycycline tablet 100 mg (as monohydrate) and doxycycline capsule: modified release 100 mg (as hydrochloride) are equivalent for the purposes of substitution.

Restricted benefit

Urethritis

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2714W NP	3	..	..	*15.85	17.10	[a] Doxsig [RW] [a] Doxylin 100 [AF]	[a] Doxycycline AN [EA]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9108J NP	3	..	..	*15.85	17.10	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10176N NP	1	..	..	15.87	17.12	[a] Doxycycline AN [EA]	[a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1800R NP	1	..	..	15.87	17.12	[a] APO-Doxycycline [TX]	[a] GenRx Doxycycline [GX]

doxycycline 100 mg modified release capsule, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2715X NP	1	..	[B]3.21	19.08	17.12	[a] Mayne Pharma Doxycycline [YT]
			[B]9.00	24.87	17.12	[a] Doryx [YN]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hydrochloride), doxycycline tablet 100 mg (as monohydrate) and doxycycline capsule: modified release 100 mg (as hydrochloride) are equivalent for the purposes of substitution.

Restricted benefit

Severe acne

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10779H	4	5	..	*17.31	18.56	[a] Doxsig [RW] [a] Doxylin 100 [AF]	[a] Doxycycline AN [EA]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10781K	4	5	..	*17.31	18.56	[a] APO-Doxycycline [TX] [a] GenRx Doxycycline [GX]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg modified release capsule, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10777F	4	5	[B]6.16	*23.47	18.56	[a] Mayne Pharma Doxycycline [YT]
			[B]11.84	*29.15	18.56	[a] Doryx [YN]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hydrochloride), doxycycline tablet 100 mg (as monohydrate) and doxycycline capsule: modified release 100 mg (as hydrochloride) are equivalent for the purposes of substitution.

Restricted benefit

Pelvic inflammatory disease

doxycycline 100 mg tablet, 7

2702F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	..	..	*17.31	18.56	[a] Doxsig [RW] [a] Doxylin 100 [AF]	[a] Doxycycline AN [EA]

doxycycline 100 mg tablet, 7

9107H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	..	..	*17.31	18.56	[a] APO-Doxycycline [TX] [a] GenRx Doxycycline [GX]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg modified release capsule, 7

2703G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	[B]6.16	*23.47	18.56	[a] Mayne Pharma Doxycycline [YT]
		[B]11.84	*29.15	18.56	[a] Doryx [YN]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hydrochloride), doxycycline tablet 50 mg (as monohydrate) and doxycycline capsule: modified release 50 mg (as hydrochloride) are equivalent for the purposes of substitution.

Restricted benefit

Bronchiectasis

Population criteria:

- Patient must be aged 8 years or older.

Restricted benefit

Chronic bronchitis

Population criteria:

- Patient must be aged 8 years or older.

Restricted benefit

Severe acne

doxycycline 50 mg tablet, 25

2711Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.81	15.06	[a] Doxycycline AN [EA]	[a] Doxylin 50 [AF]

doxycycline 50 mg tablet, 25

9106G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.81	15.06	[a] APO-Doxycycline [TX] [a] Frakas [RW]	[a] Doxycycline Sandoz [HX] [a] GenRx Doxycycline [GX]

doxycycline 50 mg modified release capsule, 25

2707L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	[B]2.59	16.40	15.06	[a] Mayne Pharma Doxycycline [YT]
		[B]5.01	18.82	15.06	[a] Doryx [YN]

▪ MINOCYCLINE

Caution There are concerns about the incidence of benign intracranial hypertension associated with this drug.

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.

Restricted benefit

Severe acne

Clinical criteria:

- The condition must not be responding to other tetracyclines.

minocycline 50 mg tablet, 60

1616C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.98	20.23	[a] Akamin 50 [AF]
		[B]1.65	20.63	20.23	[a] Minomycin-50 [QA]

BETA-LACTAM ANTIBACTERIALS, PENICILLINS

Penicillins with extended spectrum

▪ AMOXICILLIN

amoxicillin 250 mg capsule, 20

1884E (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	12.95	14.20	[a] Alphamox 250 [AF] [a] Amoxycillin Ranbaxy [RA] [a] APO-Amoxycillin [TX]	[a] Amoxycillin AN [EA] [a] Amoxycillin Sandoz [SZ] [a] Cilamox [QA]
		[B]3.49	16.44	14.20	[a] Amoxil [AS]	

amoxicillin 250 mg capsule, 20

3301R (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	12.95	14.20	[a] Alphamox 250 [AF] [a] Amoxycillin Ranbaxy [RA] [a] APO-Amoxycillin [TX]	[a] Amoxycillin AN [EA] [a] Amoxycillin Sandoz [SZ] [a] Cilamox [QA]
		[B]3.49	16.44	14.20	[a] Amoxil [AS]	

amoxicillin 500 mg capsule, 20

1889K (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	13.23	14.48	[a] Alphamox 500 [AF] [a] Amoxycillin generichealth 500 [GQ] [a] Amoxycillin Sandoz [SZ] [a] Cilamox [QA]	[a] Amoxycillin AN [EA] [a] Amoxycillin Ranbaxy [RA] [a] APO-Amoxycillin [TX]
		[B]3.76	16.99	14.48	[a] Amoxil [AS]	

amoxicillin 500 mg capsule, 20

3300Q (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.23	14.48	[a] Alphamox 500 [AF] [a] Amoxycillin generichealth 500 [GQ] [a] Amoxycillin Sandoz [SZ] [a] Cilamox [QA]	[a] Amoxycillin AN [EA] [a] Amoxycillin Ranbaxy [RA] [a] APO-Amoxycillin [TX]
		[B]3.76	16.99	14.48	[a] Amoxil [AS]	

amoxicillin 500 mg/5 mL powder for oral liquid, 100 mL

5225B (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#16.14	17.75	Maxamox [SZ]

amoxicillin 500 mg/5 mL powder for oral liquid, 100 mL

8705E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#16.14	17.75	Maxamox [SZ]

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

1888J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	[S]0.53	#21.18	22.26	Amoxil [AS]

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

3310F (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	[S]0.53	#21.18	22.26	Amoxil [AS]

amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

1886G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	#15.71	17.32	[a] Alphamox 125 [AF] [a] APO-Amoxycillin [TX]	[a] Amoxycillin Sandoz [SZ]
		[B]3.46	#19.17	17.32	[a] Amoxil [AS]	

amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

3302T (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	#15.71	17.32	[a] Alphamox 125 [AF] [a] APO-Amoxycillin [TX]	[a] Amoxycillin Sandoz [SZ]
		[B]3.46	#19.17	17.32	[a] Amoxil [AS]	

amoxicillin 250 mg/5 mL powder for oral liquid, 100 mL

1887H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	#16.04	17.65	[a] Alphamox 250 [AF] [a] APO-Amoxycillin [TX]	[a] Amoxycillin Sandoz [SZ] [a] Cilamox [QA]
		[B]3.56	#19.60	17.65	[a] Amoxil Forte [AS]	

amoxicillin 250 mg/5 mL powder for oral liquid, 100 mL

3393N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	#16.04	17.65	[a] Alphamox 250 [AF] [a] APO-Amoxycillin [TX]	[a] Amoxycillin Sandoz [SZ] [a] Cilamox [QA]

			[B]3.56	#19.60	17.65	[a] Amoxil Forte [AS]

▪ AMOXICILLIN

Restricted benefit

Chronic bronchitis

Clinical criteria:

- Patient must have acute exacerbations of the condition.

amoxicillin 1 g tablet, 14

8581P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	13.06	14.31	[a] Amoxycillin Sandoz [BG]
		[B]1.08	14.14	14.31	[a] Maxamox [SZ]

▪ AMOXICILLIN

Authority required

Infection suspected or proven to be due to a susceptible organism

Clinical criteria:

- The treatment must be for patients who require a liquid formulation and in whom the syrup formulations are unsuitable.

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

9714G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#21.18	22.79	Amoxil [AS]

▪ AMPICILLIN

ampicillin 1 g injection, 5 vials

2977Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	17.62	18.87	[a] Ampicyn [AF]	[a] Austrapen [AL]

ampicillin 1 g injection, 5 vials

3314K DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.62	18.87	[a] Ampicyn [AF]	[a] Austrapen [AL]

ampicillin 500 mg injection, 5 vials

2390T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	16.44	17.69	Austrapen [AL]

ampicillin 500 mg injection, 5 vials

3313J DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.44	17.69	Austrapen [AL]

Beta-lactamase sensitive penicillins

▪ BENZATHINE BENZYLPENICILLIN

benzathine benzylpenicillin 1.2 million units (900 mg)/2.3 mL injection, 10 x 2.3 mL syringes

2267H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	298.66	40.30	Bicillin L-A [PF]

benzathine benzylpenicillin 1.2 million units (900 mg)/2.3 mL injection, 10 x 2.3 mL syringes

5027N DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	298.66	40.30	Bicillin L-A [PF]

▪ BENZYLPENICILLIN

benzylpenicillin 3 g injection, 1 vial

2647H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*107.29	40.30	BenPen [CS]

benzylpenicillin 3 g injection, 1 vial

3399X DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*107.29	40.30	BenPen [CS]

benzylpenicillin 600 mg injection, 1 vial

1775K NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*70.89	40.30	BenPen [CS]

benzylpenicillin 600 mg injection, 1 vial

3398W DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*70.89	40.30	BenPen [CS]

▪ PHENOXYMETHYLPENICILLIN

phenoxymethylpenicillin 500 mg tablet, 25

3028J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*17.79	19.04	Aspecillin VK [QA]

phenoxymethylpenicillin 500 mg tablet, 25

3361X DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*17.79	19.04	Aspecillin VK [QA]

phenoxymethylpenicillin 250 mg capsule, 50

1789E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.60	16.85	Cilicaine VK [FM]	LPV [IL]

phenoxymethylpenicillin 250 mg capsule, 50

3363B DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.60	16.85	Cilicaine VK [FM]	LPV [IL]

phenoxymethylpenicillin 500 mg capsule, 50

2965C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.61	18.86	Cilicaine VK [FM]	LPV [IL]

phenoxymethylpenicillin 500 mg capsule, 50

3364C DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.61	18.86	Cilicaine VK [FM]	LPV [IL]

phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

5012T DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*24.69	25.94	Cilicaine V [FM]

phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

9143F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*24.69	25.94	Cilicaine V [FM]

phenoxymethylpenicillin 125 mg/5 mL powder for oral liquid, 100 mL

5024K DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*#21.08	22.69	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 125 mg/5 mL powder for oral liquid, 100 mL

8976K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*#21.08	22.69	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg/5 mL powder for oral liquid, 100 mL

5029Q DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*#23.32	24.93	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg/5 mL powder for oral liquid, 100 mL

8977L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*#23.32	24.93	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg tablet, 25

1787C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*15.75	17.00	Aspecillin VK [QA]

phenoxymethylpenicillin 250 mg tablet, 25

3360W DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*15.75	17.00	Aspecillin VK [QA]

▪ PHENOXYMETHYLPENICILLIN

Restricted benefit

Recurrent streptococcal infections (including rheumatic fever)

Clinical criteria:

- The treatment must be for prophylaxis.

phenoxymethylpenicillin 250 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1705R NP	1	5	..	15.60	16.85	Cilicaine VK [FM]	LPV [IL]

phenoxymethylpenicillin 250 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1703P NP	2	5	..	*15.75	17.00	Aspecillin VK [QA]

▪ PROCAINE BENZYLPENICILLIN (PROCAINE PENICILLIN)

procaine benzylpenicillin (procaine penicillin) 1.5 g/3.4 mL injection, 5 x 3.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1794K NP	1	..	..	74.83	40.30	Cilicaine [QA]

procaine benzylpenicillin (procaine penicillin) 1.5 g/3.4 mL injection, 5 x 3.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3371K DP	1	..	..	74.83	40.30	Cilicaine [QA]

Beta-lactamase resistant penicillins

▪ DICLOXACILLIN

Restricted benefit

Serious staphylococcal infection

dicloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5096F DP	1	..	..	16.10	17.35	[a] Dicloxacillin Mylan 250 [AL]	[a] Distaph 250 [AF]

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5097G DP	1	..	..	19.58	20.83	[a] Dicloxacillin Mylan 500 [AL]	[a] Distaph 500 [AF]

▪ DICLOXACILLIN

Restricted benefit

Serious staphylococcal infection

dicloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8121K NP MW	1	..	..	16.10	17.35	[a] Dicloxacillin Mylan 250 [AL]	[a] Distaph 250 [AF]

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8122L NP MW	1	..	..	19.58	20.83	[a] Dicloxacillin Mylan 500 [AL]	[a] Distaph 500 [AF]

▪ DICLOXACILLIN

Authority required (STREAMLINED)

6188

Osteomyelitis

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10790X	2	1	..	*27.69	28.94	[a] Dicloxacillin Mylan 500 [AL]	[a] Distaph 500 [AF]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Note Pharmaceutical benefits that have the form flucloxacillin 1 g injection in a pack size of 5 can be substituted for a pack size of 10 in the case of a shortage.

flucloxacillin 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10605E NP	0.5	1	..	*24.20	25.45	[a] Flubiclox [JU]	[a] Hospira Pty Limited [PF]

flucloxacillin 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10609J DP	0.5	..	..	*24.20	25.45	[a] Flubiclox [JU]	[a] Hospira Pty Limited [PF]

flucloxacillin 1 g injection, 5 vials

1525G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	20.06	21.31	[a] Flucil [AS]

NP

flucloxacillin 1 g injection, 5 vials

5095E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	20.06	21.31	[a] Flucil [AS]

DP

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 250 mg capsule, 24

1526H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.63	16.88	[a] APO-Flucloxacillin [TX] [a] Staphylex 250 [AF]	[a] Flopen [AS]

NP MW

flucloxacillin 500 mg capsule, 24

1527J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	20.17	21.42	[a] APO-Flucloxacillin [TX] [a] Staphylex 500 [AF]	[a] Flopen [AS]

NP MW

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 125 mg/5 mL powder for oral liquid, 100 mL

5257Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#20.46	22.07	Flucil [LN]

DP

flucloxacillin 250 mg/5 mL powder for oral liquid, 100 mL

5258R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#23.53	25.14	Flucil [LN]

DP

flucloxacillin 250 mg capsule, 24

5090X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.63	16.88	[a] APO-Flucloxacillin [TX] [a] Staphylex 250 [AF]	[a] Flopen [AS]

DP

flucloxacillin 500 mg capsule, 24

5091Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	20.17	21.42	[a] APO-Flucloxacillin [TX] [a] Staphylex 500 [AF]	[a] Flopen [AS]

DP

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 125 mg/5 mL powder for oral liquid, 100 mL

9149M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#20.46	22.07	Flucil [LN]

NP

flucloxacillin 250 mg/5 mL powder for oral liquid, 100 mL

9150N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#23.53	25.14	Flucil [LN]

NP

▪ FLUCLOXACILLIN

Caution Severe cholestatic jaundice has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Authority required (STREAMLINED)

6169

Osteomyelitis

flucloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10788T	2	1	..	*28.87	30.12	[a] APO-Flucloxacillin [TX] [a] Staphylex 500 [AF]	[a] Flopen [AS]

Combinations of penicillins, incl. beta-lactamase inhibitors

▪ AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

Infection where resistance to amoxicillin is suspected

Restricted benefit

Infections where resistance to amoxicillin is proven

amoxicillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL powder for oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8319W NP	‡1	1	..	#16.37	17.98	[a] Curam Duo [SZ]
			[B]4.84	#21.21	17.98	[a] Augmentin Duo 400 [AS]

amoxicillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1892N NP	‡1	1	..	#16.05	17.66	Curam [SZ]

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1891M NP MW	1	1	..	13.95	15.20	[a] AlphaClav Duo [AF]	[a] AMCLAVOX DUO 500/125 [RW]
						[a] AMOXICLAV AMNEAL 500/125 [ED]	[a] Amoxyclav AN 500/125 [EA]
						[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]	[a] Curam Duo 500/125 [SZ]
						[a] Moxiclav Duo 500/125 [QA]	
			[B]4.87	18.82	15.20	[a] Augmentin Duo [AS]	

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8254K NP	1	1	..	14.25	15.50	[a] AlphaClav Duo Forte [AF]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
						[a] AMOXICLAV AMNEAL 875/125 [ED]	[a] Amoxyclav AN 875/125 [EA]
						[a] AmoxyClav generichealth 875/125 [HQ]	[a] APO-Amoxycillin and Clavulanic Acid [TX]
						[a] Clavam 875 mg/125 mg [CR]	[a] Curam Duo Forte 875/125 [SZ]
						[a] Moxiclav Duo Forte 875/125 [QA]	
			[B]6.24	20.49	15.50	[a] Augmentin Duo forte [AS]	

▪ AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

Infection where resistance to amoxicillin is suspected

Restricted benefit

Infections where resistance to amoxicillin is proven

amoxicillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL powder for oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5011R DP	‡1	..	..	#16.37	17.98	[a] Curam Duo [SZ]
			[B]4.84	#21.21	17.98	[a] Augmentin Duo 400 [AS]

amoxicillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5009P DP	‡1	..	..	#16.05	17.66	Curam [SZ]

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5008N DP	1	..	..	13.95	15.20	[a] AlphaClav Duo [AF]	[a] AMCLAVOX DUO 500/125 [RW]
						[a] AMOXICLAV AMNEAL 500/125 [ED]	[a] Amoxyclav AN 500/125 [EA]
						[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]	[a] Curam Duo 500/125 [SZ]
						[a] Moxiclav Duo 500/125 [QA]	
			[B]4.87	18.82	15.20	[a] Augmentin Duo [AS]	

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

5006L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	14.25	15.50	[a] AlphaClav Duo Forte [AF]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
						[a] AMOXICLAV AMNEAL 875/125 [ED]	[a] Amoxyclav AN 875/125 [EA]
						[a] AmoxyClav generichealth 875/125 [HQ]	[a] APO-Amoxycillin and Clavulanic Acid [TX]
						[a] Clavam 875 mg/125 mg [CR]	[a] Curam Duo Forte 875/125 [SZ]
						[a] Moxiclav Duo Forte 875/125 [QA]	
			[B]6.24	20.49	15.50	[a] Augmentin Duo forte [AS]	

OTHER BETA-LACTAM ANTIBACTERIALS

First-generation cephalosporins

▪ CEFALEXIN

cefalexin 250 mg capsule, 20

3058Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	..	13.19	14.44	[a] APO-Cephalexin [TX]	[a] Cefalexin Sandoz [SZ]
						[a] Cephalexin AN [EA]	[a] Ibilex 250 [AF]
			[B]3.76	16.95	14.44	[a] Keflex [AS]	

cefalexin 250 mg capsule, 20

3317N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	13.19	14.44	[a] APO-Cephalexin [TX]	[a] Cefalexin Sandoz [SZ]
						[a] Cephalexin AN [EA]	[a] Ibilex 250 [AF]
			[B]3.76	16.95	14.44	[a] Keflex [AS]	

cefalexin 500 mg capsule, 20

3119E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	..	13.34	14.59	[a] APO-Cephalexin [TX]	[a] Cefalexin Sandoz [SZ]
						[a] Cephalex 500 [CR]	[a] Cephalexin AN [EA]
						[a] Cephalexin generichealth [GQ]	[a] Ibilex 500 [AF]
			[B]5.47	18.81	14.59	[a] Keflex [AS]	

cefalexin 500 mg capsule, 20

3318P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	13.34	14.59	[a] APO-Cephalexin [TX]	[a] Cefalexin Sandoz [SZ]
						[a] Cephalex 500 [CR]	[a] Cephalexin AN [EA]
						[a] Cephalexin generichealth [GQ]	[a] Ibilex 500 [AF]
			[B]5.47	18.81	14.59	[a] Keflex [AS]	

cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

3094W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	1	..	#16.29	17.90	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 125 [AF]
			[B]4.15	#20.44	17.90	[a] Keflex [AS]	

cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

3319Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	‡1	..	..	#16.29	17.90	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 125 [AF]
			[B]4.15	#20.44	17.90	[a] Keflex [AS]	

cefalexin 250 mg/5 mL powder for oral liquid, 100 mL

3095X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	1	..	#16.59	18.20	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 250 [AF]
			[B]5.69	#22.28	18.20	[a] Keflex [AS]	

cefalexin 250 mg/5 mL powder for oral liquid, 100 mL

3320R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	‡1	..	..	#16.59	18.20	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 250 [AF]
			[B]5.69	#22.28	18.20	[a] Keflex [AS]	

▪ CEFALEXIN

Authority required (STREAMLINED)

6188

Osteomyelitis

cefalexin 500 mg capsule, 20

10778G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	1	..	*15.21	16.46	[a] APO-Cephalexin [TX]	[a] Cefalexin Sandoz [SZ]
						[a] Cephalex 500 [CR]	[a] Cephalexin AN [EA]

				[a] Cephalexin generichealth [GQ]	[a] Ibilex 500 [AF]
[B]10.94	*26.15	16.46	[a] Keflex [AS]		

▪ CEFALEXIN

Authority required (STREAMLINED)

4243

Prophylaxis of urinary tract infection

cefalexin 250 mg capsule, 20

2655R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*14.91	16.16	[a] APO-Cephalexin [TX]	[a] Cefalexin Sandoz [SZ]
					[a] Cephalexin AN [EA]	[a] Ibilex 250 [AF]
		[B]7.52	*22.43	16.16	[a] Keflex [AS]	

▪ CEFALOTIN

cefalotin 1 g injection, 10 vials

2964B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	25.95	27.20	Hospira Pty Limited [PF]

cefalotin 1 g injection, 10 vials

3376Q

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25.95	27.20	Hospira Pty Limited [PF]

▪ CEFAZOLIN

Restricted benefit

Cellulitis

cefazolin 2 g injection, 1 vial

5479J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*39.29	40.30	Cephazolin Alphapharm [AF]

cefazolin 500 mg injection, 5 vials

5477G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*17.79	19.04	Cefazolin-AFT [AE]

▪ CEFAZOLIN

Note For item codes 5478H and 1799Q, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution.

Restricted benefit

Cellulitis

cefazolin 1 g injection, 5 vials

1799Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.27	22.52	[a] Cefazolin-AFT [AE]

cefazolin 1 g injection, 10 vials

5478H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.26	22.51	[a] Cefazolin Sandoz [SZ]

▪ CEFAZOLIN

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.

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit

Septicaemia, suspected

Restricted benefit

Septicaemia, proven

cefazolin 2 g injection, 1 vial

9326W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*39.29	40.30	Cephazolin Alphapharm [AF]

cefazolin 500 mg injection, 5 vials

1256D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*17.79	19.04	Cefazolin-AFT [AE]

▪ CEFAZOLIN

Note For item codes 1257E and 1797N, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution.

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.

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit
Septicaemia, suspected

Restricted benefit
Septicaemia, proven

cefazolin 1 g injection, 5 vials

1797N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.27	22.52	[a] Cefazolin-AFT [AE]

cefazolin 1 g injection, 10 vials

1257E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.26	22.51	[a] Cefazolin Sandoz [SZ]

Second-generation cephalosporins

▪ CEFACLOR

Caution Serum sickness-like reactions have been reported with this drug, especially in children.

cefaclor 125 mg/5 mL powder for oral liquid, 100 mL

2460L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	#17.67	19.28	[a] Aclor 125 [QA] [a] Keflor [AF]	[a] APO-Cefaclor [TX]
		[B]5.10	#22.77	19.28	[a] Ceclor [AS]	

cefaclor 125 mg/5 mL powder for oral liquid, 100 mL

5046N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	#17.67	19.28	[a] Aclor 125 [QA] [a] Keflor [AF]	[a] APO-Cefaclor [TX]
		[B]5.10	#22.77	19.28	[a] Ceclor [AS]	

cefaclor 250 mg/5 mL powder for oral liquid, 75 mL

2461M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	#17.89	19.50	[a] Aclor 250 [QA] [a] Keflor [AF]	[a] APO-Cefaclor [TX]
		[B]5.31	#23.20	19.50	[a] Ceclor [AS]	

cefaclor 250 mg/5 mL powder for oral liquid, 75 mL

5047P (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	#17.89	19.50	[a] Aclor 250 [QA] [a] Keflor [AF]	[a] APO-Cefaclor [TX]
		[B]5.31	#23.20	19.50	[a] Ceclor [AS]	

cefaclor 375 mg modified release tablet, 10

1169M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	15.24	16.49	[a] APO-Cefaclor CD [TX] [a] Karlor CD [LN]	[a] Cefaclor GH [GQ] [a] Keflor CD [AF]
		[B]6.26	21.50	16.49	[a] Ceclor CD [AS]	

cefaclor 375 mg modified release tablet, 10

5045M (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.24	16.49	[a] APO-Cefaclor CD [TX] [a] Karlor CD [LN]	[a] Cefaclor GH [GQ] [a] Keflor CD [AF]
		[B]6.26	21.50	16.49	[a] Ceclor CD [AS]	

▪ CEFUROXIME

cefuroxime 125 mg/5 mL powder for oral liquid, 100 mL

11191B (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#26.62	28.23	Zinnat [AS]

cefuroxime 125 mg/5 mL powder for oral liquid, 100 mL

11192C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#26.62	28.23	Zinnat [AS]

cefuroxime 250 mg tablet, 20

11227X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	25.89	27.14	[a] Pharmacor Cefuroxime [CR]	[a] Zinnat [AS]

cefuroxime 250 mg tablet, 20

11228Y

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	25.89	27.14	[a] Pharmacor Cefuroxime [CR]	[a] Zinnat [AS]

cefuroxime 125 mg/5 mL powder for oral liquid, 70 mL

2002J

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#22.93	24.54	Zinnat [AS]

cefuroxime 125 mg/5 mL powder for oral liquid, 70 mL

5499K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#22.93	24.54	Zinnat [AS]

cefuroxime 250 mg tablet, 14

5052X

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.57	22.82	Pharmacor Cefuroxime [CR]

cefuroxime 250 mg tablet, 14

8292K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	21.57	22.82	Pharmacor Cefuroxime [CR]

Third-generation cephalosporins

▪ CEFOTAXIME

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

cefotaxime 1 g injection, 10 vials

1768C

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.50	28.75	Hospira Pty Limited [PF]

▪ CEFOTAXIME

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

cefotaxime 2 g injection, 10 vials

1769D

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	35.13	36.38	Hospira Pty Limited [PF]

▪ CEFOTAXIME

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.

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit

Septicaemia, suspected

Restricted benefit

Septicaemia, proven

cefotaxime 1 g injection, 10 vials

1758M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.50	28.75	Hospira Pty Limited [PF]

cefotaxime 2 g injection, 10 vials

1759N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	35.13	36.38	Hospira Pty Limited [PF]

▪ CEFTRIAXONE

Restricted benefit

Gonorrhoea

ceftriaxone 500 mg injection, 1 vial

9058R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	12.54	13.79	Ceftriaxone-AFT [AE]

▪ CEFTRIAXONE

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.

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent
Restricted benefit
Septicaemia, suspected
Restricted benefit
Septicaemia, proven

ceftriaxone 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1783W NP	5	..	..	*16.79	18.04	Ceftriaxone-AFT [AE]

▪ CEFTRIAXONE

Note Pharmaceutical benefits that have the form ceftriaxone 2 g injection, 1 vial and pharmaceutical benefits that have the form ceftriaxone 2 g injection, 5 vials are equivalent for the purposes of substitution.
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.

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent
Restricted benefit
Septicaemia, suspected
Restricted benefit
Septicaemia, proven

ceftriaxone 2 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11169W NP	1	..	..	22.61	23.86	[a] Ceftriaxone Alphapharm [AF]

ceftriaxone 2 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1785Y NP	5	..	..	*22.64	23.89	[a] Ceftriaxone-AFT [AE]

▪ CEFTRIAXONE

Note For item codes 1784X and 1788D, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution.
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.

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent
Restricted benefit
Septicaemia, suspected
Restricted benefit
Septicaemia, proven

ceftriaxone 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1784X NP	5	..	..	*22.49	23.74	[a] Ceftriaxone-AFT [AE]	[a] Ceftriaxone Sandoz [SZ]

ceftriaxone 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1788D NP	1	..	..	22.50	23.75	[a] Ceftriaxone Alphapharm [AF]

Fourth-generation cephalosporins

▪ CEFEPIME

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.

Authority required
Febrile neutropenia

cefepime 1 g injection, 1 vial

8315P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	..	..	*51.59	40.30	[a] Cefepime-AFT [AE] [a] Cefepime Kabi [PK] [a] Omegapharm Pty Ltd [OE]	[a] Cefepime Alphapharm [AF] [a] DBL Cefepime [PF]

cefepime 2 g injection, 1 vial

8316Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	..	..	*81.09	40.30	[a] Cefepime-AFT [AE] [a] Cefepime Kabi [PK] [a] Omegapharm Pty Ltd [OE]	[a] Cefepime Alphapharm [AF] [a] DBL Cefepime [PF]

SULFONAMIDES AND TRIMETHOPRIM

Trimethoprim and derivatives

▪ TRIMETHOPRIM

trimethoprim 300 mg tablet, 7

2922T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	13.18	14.43	[a] Alprim [AF]
		[B]3.68	16.86	14.43	[a] Triprim [RW]

▪ TRIMETHOPRIM

Authority required (STREAMLINED)

4243

Prophylaxis of urinary tract infection

trimethoprim 300 mg tablet, 7

2666H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*14.89	16.14	[a] Alprim [AF]
		[B]7.36	*22.25	16.14	[a] Triprim [RW]

▪ TRIMETHOPRIM

Restricted benefit

Prostatitis

trimethoprim 300 mg tablet, 7

10785P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*18.27	19.52	[a] Alprim [AF]
		[B]14.72	*32.99	19.52	[a] Triprim [RW]

Combinations of sulfonamides and trimethoprim, incl. derivatives

▪ TRIMETHOPRIM + SULFAMETHOXAZOLE

Caution There is an increased risk of severe adverse reactions with this combination in the elderly.

trimethoprim 40 mg/5 mL + sulfamethoxazole 200 mg/5 mL oral liquid, 100 mL

3103H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	14.49	15.74	Bactrim [RO]	Septrin [RW]

trimethoprim 40 mg/5 mL + sulfamethoxazole 200 mg/5 mL oral liquid, 100 mL

3391L (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	14.49	15.74	Bactrim [RO]	Septrin [RW]

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

2951H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	13.37	14.62	[a] Resprim Forte [AF]
		[B]2.17	15.54	14.62	[a] Bactrim DS [RO]
		[B]4.17	17.54	14.62	[a] Septrin Forte [RW]

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

3390K (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	13.37	14.62	[a] Resprim Forte [AF]
		[B]2.17	15.54	14.62	[a] Bactrim DS [RO]
		[B]4.17	17.54	14.62	[a] Septrin Forte [RW]

▪ TRIMETHOPRIM + SULFAMETHOXAZOLE

Caution There is an increased risk of severe adverse reactions with this combination in the elderly.

Authority required (STREAMLINED)

6201

Prophylaxis of Pneumocystis jiroveci pneumonia

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10784N	3	2	..	*17.14	18.39	[a] Resprim Forte [AF]
			[B]6.51	*23.65	18.39	[a] Bactrim DS [RO]
			[B]12.51	*29.65	18.39	[a] Septrin Forte [RW]

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

Macrolides

▪ AZITHROMYCIN

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.

Restricted benefit
Trachoma

azithromycin 200 mg/5 mL powder for oral liquid, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8201P NP	‡1	..	..	#26.77	28.38	Zithromax [PF]

azithromycin 500 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8336R NP	1	2	..	15.76	17.01	[a] APO-Azithromycin [TX] [a] Azithromycin Sandoz [SZ] [a] Terry White Chemists Azithromycin [TW] [a] Zithromax [PF]	[a] Azithromycin Mylan [AF] [a] Chem mart Azithromycin [CH] [a] ZITHRO [RW]

▪ AZITHROMYCIN

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.

Restricted benefit
Urethritis
Clinical criteria:
- The condition must be uncomplicated and due to Chlamydia trachomatis.

Restricted benefit
Cervicitis
Clinical criteria:
- The condition must be uncomplicated and due to Chlamydia trachomatis.

azithromycin 500 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8200N NP	1	..	..	15.76	17.01	[a] APO-Azithromycin [TX] [a] Azithromycin Sandoz [SZ] [a] Terry White Chemists Azithromycin [TW] [a] Zithromax [PF]	[a] Azithromycin Mylan [AF] [a] Chem mart Azithromycin [CH] [a] ZITHRO [RW]

▪ CLARITHROMYCIN

clarithromycin 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8318T NP	1	1	..	14.44	15.69	[a] APO-Clarithromycin [TX] [a] Clarihexal [HX] [a] Clarithromycin AN [EA] [a] Kalixocin [AF]	[a] Clarac [ED] [a] Clarithro 250 [RW] [a] Clarithromycin Sandoz [SZ]
			[B]3.49	17.93	15.69	[a] Klacid [GO]	

▪ CLARITHROMYCIN

Restricted benefit
Bordetella pertussis
Restricted benefit
Atypical mycobacterial infections

clarithromycin 250 mg/5 mL powder for oral liquid, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9192T NP	‡1	..	..	#30.44	32.05	Klacid [GO]

▪ ERYTHROMYCIN

erythromycin 250 mg enteric capsule, 25

1404X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	16.26	17.51	[a] Mayne Pharma Erythromycin [YT]
		[B]2.53	18.79	17.51	[a] Eryc [YN]

erythromycin 250 mg enteric capsule, 25

3325B (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.26	17.51	[a] Mayne Pharma Erythromycin [YT]
		[B]2.53	18.79	17.51	[a] Eryc [YN]

▪ ERYTHROMYCIN

Authority required (STREAMLINED)

6160

Severe acne

Clinical criteria:

- The condition must be one in which tetracycline therapy is inappropriate.

erythromycin 250 mg enteric capsule, 25

10780J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*21.05	22.30	[a] Mayne Pharma Erythromycin [YT]
		[B]5.06	*26.11	22.30	[a] Eryc [YN]

▪ ERYTHROMYCIN ETHYLSUCCINATE

erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

2424N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#19.13	20.74	[a] E-Mycin 200 [AF]
		[B]2.36	#21.49	20.74	[a] E.E.S. 200 [GH]

erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

3334L (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#19.13	20.74	[a] E-Mycin 200 [AF]
		[B]2.36	#21.49	20.74	[a] E.E.S. 200 [GH]

erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

2428T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#20.44	22.05	[a] E-Mycin 400 [AF]
		[B]2.38	#22.82	22.05	[a] E.E.S. Granules [GH]

erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

3337P (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#20.44	22.05	[a] E-Mycin 400 [AF]
		[B]2.38	#22.82	22.05	[a] E.E.S. Granules [GH]

erythromycin (as ethylsuccinate) 400 mg tablet, 25

2750R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	16.38	17.63	E-Mycin [AF]

erythromycin (as ethylsuccinate) 400 mg tablet, 25

3336N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.38	17.63	E-Mycin [AF]

▪ ERYTHROMYCIN ETHYLSUCCINATE

Authority required (STREAMLINED)

6160

Severe acne

Clinical criteria:

- The condition must be one in which tetracycline therapy is inappropriate.

erythromycin (as ethylsuccinate) 400 mg tablet, 25

10789W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*21.29	22.54	E-Mycin [AF]

▪ ROXITHROMYCIN

roxithromycin 150 mg tablet, 10

1760P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	13.96	15.21	[a] APO-Roxithromycin [TX]	[a] Biaxsig [AV]

NP						[a] Chem mart Roxithromycin [CH] [a] Roximycin [AF] [a] Roxithromycin-GA [ED] [a] Terry White Chemists Roxithromycin [TW]	[a] Roxar 150 [RW] [a] Roxithromycin AN [EA] [a] Roxithromycin Sandoz [SZ]
			[B]2.30	16.26	15.21	[a] Rulide [SW]	

roxithromycin 150 mg tablet, 10

5260W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	13.96	15.21	[a] APO-Roxithromycin [TX] [a] Chem mart Roxithromycin [CH] [a] Roximycin [AF] [a] Roxithromycin-GA [ED] [a] Terry White Chemists Roxithromycin [TW]	[a] Biaxsig [AV] [a] Roxar 150 [RW] [a] Roxithromycin AN [EA] [a] Roxithromycin Sandoz [SZ]
			[B]2.30	16.26	15.21	[a] Rulide [SW]	

roxithromycin 300 mg tablet, 5

5261X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	13.96	15.21	[a] APO-Roxithromycin [TX] [a] Chem mart Roxithromycin [CH] [a] Roximycin [AF] [a] Roxithromycin-GA [ED] [a] Terry White Chemists Roxithromycin [TW]	[a] Biaxsig [AV] [a] Roxar 300 [RW] [a] Roxithromycin AN [EA] [a] Roxithromycin Sandoz [SZ]
			[B]2.30	16.26	15.21	[a] Rulide [SW]	

roxithromycin 300 mg tablet, 5

8016X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	..	13.96	15.21	[a] APO-Roxithromycin [TX] [a] Chem mart Roxithromycin [CH] [a] Roximycin [AF] [a] Roxithromycin-GA [ED] [a] Terry White Chemists Roxithromycin [TW]	[a] Biaxsig [AV] [a] Roxar 300 [RW] [a] Roxithromycin AN [EA] [a] Roxithromycin Sandoz [SZ]
			[B]2.30	16.26	15.21	[a] Rulide [SW]	

roxithromycin 50 mg dispersible tablet, 10

5259T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	..	..	17.11	18.36	Rulide D [SW]

roxithromycin 50 mg dispersible tablet, 10

8129W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	17.11	18.36	Rulide D [SW]

Lincosamides

▪ CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections

Clinical criteria:

- The condition must not be able to be safely and effectively treated with a penicillin.

clindamycin 150 mg capsule, 24

5057E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	18.35	19.60	[a] APO-Clindamycin [TX] [a] Chem mart Clindamycin [CH] [a] Clindamycin LU [LV] [a] Dalacin C [PF]	[a] Calindamin [RW] [a] Clindamycin BNM [BZ] [a] Clindamyk [AF] [a] Terry White Chemists Clindamycin [TW]

▪ CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections

Clinical criteria:

- The condition must not be able to be safely and effectively treated with a penicillin.

clindamycin 150 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3138E NP MW	2	1	..	*25.23	26.48	[a] APO-Clindamycin [TX] [a] Chem mart Clindamycin [CH] [a] Clindamycin LU [LV] [a] Dalacin C [PF]	[a] Calindamin [RW] [a] Clindamycin BNM [BZ] [a] Clindamyk [AF] [a] Terry White Chemists Clindamycin [TW]

▪ LINCOMYCIN

Note Pharmaceutical benefits that have the form lincomycin 600 mg/2 mL injection, 5 x 2 mL vials and pharmaceutical benefits that have the form lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules are equivalent for the purposes of substitution.

lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11366F DP	1	..	..	122.16	40.30	[a] LINCOMYCIN SXP [XC]

lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11380Y NP MW	1	..	..	122.16	40.30	[a] LINCOMYCIN SXP [XC]

lincomycin 600 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2530E NP MW	1	..	..	122.16	40.30	[a] Lincocin [PF]

lincomycin 600 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5144R DP	1	..	..	122.16	40.30	[a] Lincocin [PF]

AMINOGLYCOSIDE ANTIBACTERIALS

Other aminoglycosides

▪ GENTAMICIN

gentamicin 80 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2824P NP	1	1	..	23.00	24.25	Pfizer Australia Pty Ltd [PF]

▪ TOBRAMYCIN

Restricted benefit

Pseudomonas aeruginosa infection

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- The treatment must be systemic.

tobramycin 500 mg/5 mL injection, 10 x 5 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9480Y NP	1	1	..	280.17	40.30	Tobra-Day [FF]

▪ TOBRAMYCIN

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit

Septicaemia, suspected

Restricted benefit

Septicaemia, proven

tobramycin 80 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1356J NP	2	1	..	*56.65	40.30	[a] Hospira Pty Limited [PF]	[a] Tobramycin Mylan [AF]

tobramycin Injection 80 mg (base) in 2 mL (without preservative), 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8872Y NP	2	1	..	*60.95	40.30	Pfizer Australia Pty Ltd [PF]

▪ TOBRAMYCIN

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 (STREAMLINED)

4456

Proven Pseudomonas aeruginosa infection

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- Patient must have been assessed for bronchial hyperresponsiveness as per the TGA-approved Product Information, with a negative test result, **AND**
- Patient must be participating in a four week trial of tobramycin inhalation powder and will be assessed for ability to tolerate the dry powder formulation in order to qualify for continued PBS-subsidised therapy. The trial commencement date must be documented in the patient's medical records.

Population criteria:

- Patient must be 6 years of age or older.

tobramycin 28 mg powder for inhalation, 224 capsules

10066T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2434.97	40.30	TOBI podhaler [GO]

▪ TOBRAMYCIN

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 (STREAMLINED)

4513

Proven Pseudomonas aeruginosa infection

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- Patient must have previously been issued with an authority prescription for tobramycin inhalation capsules, **AND**
- Patient must have demonstrated ability to tolerate the dry powder formulation following the initial 4-week treatment period, as agreed by the patient, the patient's family (in the case of paediatric patients) and the treating physician(s).

Population criteria:

- Patient must be 6 years of age or older.

tobramycin 28 mg powder for inhalation, 224 capsules

10074F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2434.97	40.30	TOBI podhaler [GO]

▪ TOBRAMYCIN

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 (STREAMLINED)

5520

Proven Pseudomonas aeruginosa infection

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- The treatment must be for management.

tobramycin 300 mg/5 mL inhalation solution, 56 x 5 mL ampoules

5442K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1048.86	40.30	[a] Tobi [GO] [a] TOBRAMYCIN SUN [RA] [a] TOBRAMYCIN WOCKHARDT [WC]	[a] Tobramycin AN [JU] [a] Tobramycin WKT [LI]

QUINOLONE ANTIBACTERIALS

Fluoroquinolones

▪ CIPROFLOXACIN

Authority required

Respiratory tract infection

Clinical criteria:

- The condition must be proven or suspected to be caused by Pseudomonas aeruginosa, **AND**
- Patient must be severely immunocompromised.

Authority required

Bacterial gastroenteritis

Clinical criteria:

- Patient must be severely immunocompromised.

Authority required

Infection

Clinical criteria:

- The condition must be proven to be due to Pseudomonas aeruginosa resistant to all other oral antimicrobials; OR
- The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.

Authority required

Bone or joint infection

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Epididymo-orchitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Prostatitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Perichondritis of the pinna

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

ciprofloxacin 500 mg tablet, 14

1209P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.74	18.99	[a] APO-Ciprofloxacin [TX]	[a] C-Flox 500 [AL]
					[a] Cifran [RA]	[a] Ciprofloxacin AN [EA]
					[a] Ciprofloxacin-BW [GQ]	[a] Ciprofloxacin Sandoz [SZ]
					[a] Ciprol 500 [RW]	[a] Loxip 500 [DO]
		[B]4.58	22.32	18.99	[a] Ciproxin 500 [BN]	

ciprofloxacin 750 mg tablet, 14

1210Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	20.91	22.16	[a] APO-Ciprofloxacin [TX]	[a] C-Flox 750 [AL]
					[a] Ciprofloxacin AN [EA]	[a] Ciprofloxacin Sandoz [SZ]
					[a] Ciprol 750 [RW]	[a] Loxip 750 [DO]

▪ CIPROFLOXACIN

Authority required

Respiratory tract infection

Clinical criteria:

- The condition must be proven or suspected to be caused by Pseudomonas aeruginosa, **AND**
- Patient must be severely immunocompromised.

Authority required

Bacterial gastroenteritis

Clinical criteria:

- Patient must be severely immunocompromised.

Authority required

Infection

Clinical criteria:

- The condition must be proven to be due to Pseudomonas aeruginosa resistant to all other oral antimicrobials; OR
- The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.

Authority required

Bone or joint infection

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR

- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Epididymo-orchitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Prostatitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Perichondritis of the pinna

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Gonorrhoea

ciprofloxacin 250 mg tablet, 14

1208N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.68	15.93	[a] APO-Ciprofloxacin [TX]	[a] C-Flox 250 [AL]
					[a] Ciprofloxacin Sandoz [SZ]	[a] Ciprol 250 [RW]

▪ NORFLOXACIN

Authority required

Acute bacterial enterocolitis

Authority required

Complicated urinary tract infection

norfloxacin 400 mg tablet, 14

3010K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	15.06	16.31	[a] GenRx Norfloxacin [GX]	[a] Nufloxib [AF]
					[a] Roxin [RW]	

OTHER ANTIBACTERIALS

Glycopeptide antibacterials

▪ VANCOMYCIN

Restricted benefit

Endocarditis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be hypersensitive to penicillin.

vancomycin 1 g injection, 1 vial

2269K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.86	19.11	[a] Hospira Pty Limited [PF]	[a] Vancomycin Alphapharm [AF]

vancomycin 500 mg injection, 1 vial

3130R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.57	22.82	Vancomycin Alphapharm [AF]

▪ VANCOMYCIN

Restricted benefit

Endocarditis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be hypersensitive to penicillin.

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5083M DP	1	..	..	17.86	19.11	[a] Hospira Pty Limited [PF]	[a] Vancomycin Alphapharm [AF]

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3323X DP	2	..	..	*21.57	22.82	Vancomycin Alphapharm [AF]

▪ VANCOMYCIN

Restricted benefit

Endophthalmitis

Restricted benefit

Infection

Clinical criteria:

- The treatment must be initiated in a hospital, **AND**
- The condition must be one in which vancomycin is an appropriate antibiotic.

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2270L	3	..	..	*30.61	31.86	[a] Hospira Pty Limited [PF]	[a] Vancomycin Alphapharm [AF]

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3131T	5	..	..	*36.69	37.94	Vancomycin Alphapharm [AF]

Steroid antibacterials

▪ FUSIDATE

Restricted benefit

Serious staphylococcal infections

Clinical criteria:

- The treatment must be used in combination with another antibiotic, **AND**
- The condition must be proven to be due to a staphylococcus.

sodium fusidate 250 mg tablet, 36

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2312Q	1	1	..	84.43	40.30	Fucidin [LO]

▪ FUSIDATE

Authority required (STREAMLINED)

6133

Osteomyelitis

Clinical criteria:

- The condition must be methicillin-resistant staphylococcal aureus (MRSA), **AND**
- The treatment must be used in combination with other anti-staphylococcal antibiotics.

sodium fusidate 250 mg tablet, 36

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10782L	2	1	..	*157.39	40.30	Fucidin [LO]

Imidazole derivatives

▪ METRONIDAZOLE

metronidazole 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1642K NP	‡1	..	..	26.04	27.29	Flagyl [SW]

metronidazole 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5157K DP	‡1	..	..	26.04	27.29	Flagyl [SW]

metronidazole 200 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1636D NP	1	1	..	12.75	14.00	[a] Metrogyl 200 [AF]	[a] Metronide 200 [AV]
			[B]2.00	14.75	14.00	[a] Flagyl [SW]	

metronidazole 200 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3339R	1	..	..	12.75	14.00	[a] Metrogyl 200 [AF]	[a] Metronide 200 [AV]

		[B]2.00	14.75	14.00	[a] Flagyl [SW]	

DP **metronidazole 200 mg/5 mL oral liquid, 100 mL**

1630T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	22.26	23.51	Flagyl S [SW]

NP

metronidazole 200 mg/5 mL oral liquid, 100 mL

3341W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	22.26	23.51	Flagyl S [SW]

DP

▪ METRONIDAZOLE

Restricted benefit
Anaerobic infections

metronidazole 400 mg tablet, 21

1621H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	14.46	15.71	[a] Metrogyl 400 [AF]	[a] Metronide 400 [AV]
		[B]2.00	16.46	15.71	[a] Flagyl [SW]	

NP

▪ METRONIDAZOLE

Restricted benefit
Anaerobic infections

metronidazole 400 mg tablet, 21

5155H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.46	15.71	[a] Metrogyl 400 [AF]	[a] Metronide 400 [AV]
		[B]2.00	16.46	15.71	[a] Flagyl [SW]	

DP

▪ TINIDAZOLE

tinidazole 500 mg tablet, 4

1465D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	15.28	16.53	[a] Simplotan [FZ]
		[B]6.70	21.98	16.53	[a] Fasigyn [PF]

NP

Nitrofuran derivatives

▪ NITROFURANTOIN

Caution Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.

nitrofurantoin 100 mg capsule, 30

1693D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	32.51	33.76	Macrodantin [PF]

NP MW

nitrofurantoin 50 mg capsule, 30

1692C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	26.47	27.72	Macrodantin [PF]

NP MW

Other antibacterials

▪ METHENAMINE HIPPURATE

methenamine hippurate 1 g tablet, 100

3124K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	39.71	40.30	Hiprex [IL]

NP

▪ ANTIMYCOTICS FOR SYSTEMIC USE

ANTIMYCOTICS FOR SYSTEMIC USE

Triazole derivatives

▪ FLUCONAZOLE

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.

Authority required (STREAMLINED)
6002
Cryptococcal meningitis
Authority required (STREAMLINED)
5978
Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6023

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

5989

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6030

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

7898

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening.

fluconazole 100 mg/50 mL injection, 50 mL vial

1473M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
7	..	..	*21.46	22.71	Fluconazole Sandoz [SZ]

fluconazole 400 mg/200 mL injection, 200 mL bag

1757L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	15.72	16.97	Fluconazole Alphapharm [AF]

▪ FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

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.

Authority required (STREAMLINED)

6002

Cryptococcal meningitis

Authority required (STREAMLINED)

5978

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6023

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

5989

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6030

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

7898

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening.

fluconazole 100 mg capsule, 28

1472L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	32.20	33.45	[a] Diflucan [PF] [a] Fluconazole Sandoz [SZ]	[a] Dizole 100 [AF] [a] Ozole [RA]

fluconazole 200 mg capsule, 28

1475P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	51.85	40.30	[a] APO-Fluconazole [TX] [a] Dizole 200 [AF] [a] Fluconazole Sandoz [SZ] [a] Ozole [RA]	[a] Diflucan [PF] [a] Fluconazole APOTEX [GX] [a] Fluzole 200 [RW]

fluconazole 50 mg capsule, 28

1471K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.12	23.37	[a] Dizole 50 [AF] [a] Ozole [RA]	[a] Fluconazole Sandoz [SZ]
		[B]6.00	28.12	23.37	[a] Diflucan [PF]	

▪ FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

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.

Authority required (STREAMLINED)

6006

Cryptococcal meningitis

Clinical criteria:

- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6045

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6031

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6046

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6032

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

7934

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

fluconazole 50 mg/5 mL powder for oral liquid, 35 mL

5446P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	#67.87	40.30	Diflucan [PF]

▪ FLUCONAZOLE

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.

Note Pharmaceutical benefits that have the forms fluconazole 200 mg/100 mL injection, 100 mL vial and fluconazole 200 mg/100 mL injection, 100 mL bag are equivalent for the purposes of substitution.

Authority required (STREAMLINED)
6956
Cryptococcal meningitis
Authority required (STREAMLINED)
6978
Cryptococcal meningitis
Clinical criteria:
- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
6974
Oropharyngeal candidiasis
Clinical criteria:
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
6969
Oesophageal candidiasis
Clinical criteria:
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
6965
Oropharyngeal candidiasis
Clinical criteria:
- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
7897
Fungal infection
Clinical criteria:
- The condition must be serious or life-threatening.

fluconazole 200 mg/100 mL injection, 100 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1474N NP	7	..	..	*46.73	40.30	[a] Fluconazole Sandoz [SZ]

fluconazole 200 mg/100 mL injection, 100 mL bag

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11139G NP	7	..	..	*46.73	40.30	[a] Fluconazole Alphapharm [AF]

▪ ITRACONAZOLE

Note Not for use in vulvovaginal candida infections.

Note One capsule of itraconazole 50 mg (Lozanoc) is therapeutically equivalent to one 100 mg capsule of conventional itraconazole (Sporanox). The recommended dose of Lozanoc is therefore half the recommended dose for Sporanox. Lozanoc 50 mg capsules and Sporanox 100 mg capsules are not interchangeable.

Note Not for use in superficial mycoses

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.

Authority required (STREAMLINED)
6022
Systemic aspergillosis
Authority required (STREAMLINED)
6005
Systemic sporotrichosis
Authority required (STREAMLINED)
6057
Systemic histoplasmosis
Authority required (STREAMLINED)
5988

Disseminated pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Authority required (STREAMLINED)

6037

Chronic pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Authority required (STREAMLINED)

6016

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6035

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

itraconazole 50 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10732W NP	1	5	..	129.05	40.30	Lozanoc [YN]

itraconazole 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8196J NP	1	5	..	129.05	40.30	[a] APO-Itraconazole [TX] [a] ITRANOX [RW]	[a] Itracap [AF] [a] Sporanox [JC]

▪ POSACONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

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.

Authority required

Invasive aspergillosis

Clinical criteria:

- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre), for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or extensive chronic GVHD, and receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant.

Treatment of neutropenia should continue until recovery of the neutrophil count to at least 500 cells per cubic millimetre.

Patients who have had a previous invasive fungal infection should have secondary prophylaxis during subsequent episodes of neutropenia.

No more than 6 months therapy per episode will be PBS-subsidised

Authority required

Fungal infection

Clinical criteria:

- The condition must be fusariosis; OR
- The condition must be zygomycosis; OR
- The condition must be coccidioidomycosis; OR
- The condition must be chromoblastomycosis; OR
- The condition must be mycetoma, **AND**
- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

posaconazole 100 mg modified release tablet, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10460M NP	1	..	..	752.06	40.30	Noxafil [MK]

▪ POSACONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

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.

Authority required

Invasive aspergillosis

Clinical criteria:

- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

Authority required

Fungal infection

Clinical criteria:

- The condition must be fusariosis; OR
- The condition must be zygomycosis; OR
- The condition must be coccidioidomycosis; OR
- The condition must be chromoblastomycosis; OR
- The condition must be mycetoma, **AND**
- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre), for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or extensive chronic GVHD, and receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant.

No more than 6 months therapy per episode will be PBS-subsidised

posaconazole 40 mg/mL oral liquid, 105 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9360P NP	1	..	..	623.63	40.30	Noxafil [MK]

▪ VORICONAZOLE

Note For patients with graft versus host disease, acute myeloid leukaemia or myelodysplastic syndrome, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Note For patients undergoing allogeneic haematopoietic stem cell transplant, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 2 months' treatment may be authorised.

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.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre) for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or, extensive chronic GVHD, whilst receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant; OR
- Patient must be undergoing allogeneic haematopoietic stem cell transplant using either bone marrow from an unrelated donor or umbilical cord blood (related or unrelated), and, be considered to be at high risk of developing an invasive fungal infection during the neutropenic phase prior to engraftment.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10168E NP	1	..	..	#496.72	40.30	Vfend [PF]

voriconazole 200 mg tablet, 56

10198R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	1068.58	40.30	[a] Vfend [PF]	[a] Voriconazole APO [GX]
					[a] Voriconazole APOTEX [TX]	[a] Voriconazole Sandoz [SZ]
					[a] Vttack [AF]	[a] Vzole [RW]

voriconazole 50 mg tablet, 56

10173K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	271.57	40.30	[a] Vfend [PF]	[a] Voriconazole APO [GX]
					[a] Voriconazole APOTEX [TX]	[a] Voriconazole Sandoz [SZ]
					[a] Vttack [AF]	[a] Vzole [RW]

▪ VORICONAZOLE

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.

Authority required

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Authority required

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by Scedosporium species; OR
- The condition must caused by Fusarium species.

Authority required

Serious Candida infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; OR
- The condition must be resistant to fluconazole; OR
- Patient must be unable to tolerate fluconazole.

Authority required

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

voriconazole 200 mg tablet, 56

9364W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1068.58	40.30	[a] Vfend [PF]	[a] Voriconazole APO [GX]
					[a] Voriconazole APOTEX [TX]	[a] Voriconazole Sandoz [SZ]
					[a] Vttack [AF]	[a] Vzole [RW]

voriconazole 50 mg tablet, 56

9363T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	271.57	40.30	[a] Vfend [PF]	[a] Voriconazole APO [GX]
					[a] Voriconazole APOTEX [TX]	[a] Voriconazole Sandoz [SZ]
					[a] Vttack [AF]	[a] Vzole [RW]

▪ VORICONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

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.

Authority required

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Authority required

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by Scedosporium species; OR
- The condition must caused by Fusarium species.

Authority required

Serious Candida infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; OR
- The condition must be resistant to fluconazole; OR
- Patient must be unable to tolerate fluconazole.

Authority required

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9452L NP	1	..	..	#496.72	40.30	Vfend [PF]

ANTIMYCOBACTERIALS

DRUGS FOR TREATMENT OF TUBERCULOSIS

Hydrazides

ISONIAZID

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.

isoniazid 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1554T NP	1	2	..	22.11	23.36	Arrow Pharma Pty Ltd [RW]

DRUGS FOR TREATMENT OF LEPRA

Drugs for treatment of lepra

DAPSONE

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.

dapsone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1272Y NP	1	1	..	318.59	40.30	Link Medical Products Pty Ltd [LM]

dapsone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8801F NP	1	1	..	260.58	40.30	Link Medical Products Pty Ltd [LM]

RIFAMPICIN

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.

Authority required

Leprosy

Population criteria:

- Patient must be an adult.

rifampicin 150 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1982H NP	1	..	..	241.77	40.30	Rimycin 150 [AF]

rifampicin 300 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1983J NP	1	..	..	115.77	40.30	Rimycin 300 [AF]

▪ RIFAMPICIN

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.

Restricted benefit
Meningococcal disease
Clinical criteria:
- The treatment must be for prophylaxis, **AND**
- Patient must be a carrier of the disease; OR
- Patient must be in close contact with people who have the disease.

Restricted benefit
Haemophilus influenzae type B
Clinical criteria:
- The treatment must be for prophylaxis, **AND**
- Patient must be in contact with people who have the disease.

rifampicin 150 mg capsule, 10

1981G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	34.34	35.59	Rimycin 150 [AF]

rifampicin 300 mg capsule, 10

1984K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.91	23.16	Rimycin 300 [AF]

rifampicin 100 mg/5 mL oral liquid, 60 mL

8025J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	28.37	29.62	Rifadin [SW]

▪ ANTIVIRALS FOR SYSTEMIC USE

DIRECT ACTING ANTIVIRALS

Nucleosides and nucleotides excl. reverse transcriptase inhibitors

▪ ACICLOVIR

Note Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)
5942
Recurrent moderate to severe genital herpes
Treatment Phase: Episodic treatment or suppressive therapy
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

aciclovir 200 mg tablet, 90

1007B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	36.02	37.27	[a] Aciclovir AN [ED] [a] Aciclovir Sandoz [HX] [a] APO-Aciclovir [TX] [a] Lovir [EA]	[a] Aciclovir GH [GQ] [a] Acyclo-V 200 [AF] [a] GenRx Aciclovir [GX]

▪ ACICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Aciclovir 800 mg is not PBS-subsidised for herpes simplex or chickenpox.
Note No applications for repeats will be authorised.

Authority required (STREAMLINED)
5967
Herpes zoster
Clinical criteria:
- The treatment must be administered within 72 hours of the onset of the rash.

Authority required (STREAMLINED)
5959
Herpes zoster ophthalmicus

aciclovir 800 mg tablet, 35

1052J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	41.18	40.30	[a] Aciclovir Sandoz [HX] [a] GenRx Aciclovir [GX]	[a] APO-Aciclovir [TX]

▪ ACICLOVIR

Note Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.
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 For item codes 1003T and 1555W, pharmaceutical benefits that have the form tablet 200 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

5936

Initial moderate to severe genital herpes

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

aciclovir 200 mg tablet, 25

1003T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*25.13	26.38	[a] Aciclovir Sandoz [HX]

aciclovir 200 mg tablet, 50

1555W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	25.11	26.36	[a] APO-Aciclovir [TX]	[a] GenRx Aciclovir [GX]

▪ FAMCICLOVIR

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5971

Recurrent moderate to severe genital herpes

Treatment Phase: Suppressive therapy

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 250 mg tablet, 56

8217L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	72.33	40.30	[a] APO-Famciclovir [TX]	[a] Auro-Famciclovir 250 [DO]
					[a] Ezovir [AF]	[a] Famciclovir AN [EA]
					[a] Famciclovir FBM [FO]	[a] Famciclovir-GA [ED]
					[a] Famciclovir generichealth 250 [GQ]	[a] Famciclovir Sandoz [SZ]
					[a] Famciclovir SCP 250 [CR]	[a] Famlo [RA]
					[a] Famvir [HX]	[a] Favic 250 [RW]

▪ FAMCICLOVIR

Note Famciclovir 125 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.
Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5937

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 125 mg tablet, 40

8092X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	33.21	34.46	[a] APO-Famciclovir [TX]	[a] Auro-Famciclovir 125 [DO]
					[a] Ezovir [AF]	[a] Famciclovir AN [EA]
					[a] Famciclovir-GA [ED]	[a] Famvir [HX]
					[a] Favic 125 [RW]	

famciclovir 250 mg tablet, 20

2274Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	33.21	34.46	[a] APO-Famciclovir [TX]	[a] Ezovir [AF]
					[a] Famciclovir AN [EA]	[a] Famciclovir-GA [ED]
					[a] Famciclovir Sandoz [SZ]	[a] Famvir [HX]
					[a] Favic 250 [RW]	

▪ FAMCICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
Note No applications for repeats will be authorised.

Authority required (STREAMLINED)

5951
Herpes zoster
Clinical criteria:
- The treatment must be administered within 72 hours of the onset of the rash.

famciclovir 250 mg tablet, 21

8002E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	34.30	35.55	[a] APO-Famciclovir [TX] [a] Ezovir [AF] [a] Famciclovir-GA [ED] [a] Famciclovir Sandoz [SZ] [a] Famlo [RA] [a] Favic 250 [RW]	[a] Auro-Famciclovir 250 [DO] [a] Famciclovir AN [EA] [a] Famciclovir generichealth 250 [GQ] [a] Famciclovir SCP 250 [CR] [a] Famvir [HX]

▪ FAMCICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.
Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.
Note No applications for repeats will be authorised.

Authority required (STREAMLINED)
5943
Herpes zoster
Clinical criteria:
- Patient must be immunocompromised, **AND**
- The treatment must be administered within 72 hours of the onset of the rash.

famciclovir 500 mg tablet, 30

8897G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	44.08	40.30	[a] APO-Famciclovir [TX] [a] Famciclovir AN [EA] [a] Famvir [HX]	[a] Auro-Famciclovir 500 [DO] [a] Famciclovir Sandoz [SZ] [a] Favic 500 [RW]

▪ FAMCICLOVIR

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.
Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Authority required (STREAMLINED)
5954
Recurrent moderate to severe genital herpes
Treatment Phase: Episodic treatment or suppressive therapy
Clinical criteria:
- Patient must be immunocompromised.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)
5947
Recurrent moderate to severe oral or labial herpes
Treatment Phase: Episodic treatment
Clinical criteria:
- Patient must have HIV infection, **AND**
- Patient must have a CD4 cell count of less than 500 million per litre.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)
5948
Recurrent moderate to severe oral or labial herpes
Treatment Phase: Suppressive therapy
Clinical criteria:
- Patient must have HIV infection, **AND**
- Patient must have CD4 cell counts of less than 150 million per litre.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)
5949
Recurrent moderate to severe oral or labial herpes
Treatment Phase: Suppressive therapy

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must present with other opportunistic infections or AIDS defining tumours.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 500 mg tablet, 56

8896F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	72.34	40.30	[a] APO-Famciclovir [TX]	[a] Auro-Famciclovir 500 [DO]
					[a] Ezovir [AF]	[a] Famciclovir AN [EA]
					[a] Famciclovir-GA [ED]	[a] Famciclovir generichealth 500 [GQ]
					[a] Famciclovir Sandoz [SZ]	[a] Famvir [HX]
					[a] Favic 500 [RW]	

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5940

Recurrent moderate to severe genital herpes

Treatment Phase: Suppressive therapy

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 30

5480K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.74	26.99	[a] APO-Valaciclovir [TX]	[a] Shilova 500 [DO]
					[a] Vaclovir [AF]	[a] Valaciclovir AN [EA]
					[a] Valaciclovir APOTEX [GX]	[a] Valaciclovir generichealth [GQ]
					[a] Valaciclovir RBX [RA]	[a] Valaciclovir SZ [HX]
					[a] Valacor 500 [CR]	[a] Zelitrex [RF]
		[B]2.26	28.00	26.99	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5961

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 30

8134D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.74	26.99	[a] APO-Valaciclovir [TX]	[a] Shilova 500 [DO]
					[a] Vaclovir [AF]	[a] Valaciclovir AN [EA]
					[a] Valaciclovir APOTEX [GX]	[a] Valaciclovir generichealth [GQ]
					[a] Valaciclovir RBX [RA]	[a] Valaciclovir Sandoz [SZ]
					[a] Valaciclovir SZ [HX]	[a] Valacor 500 [CR]
					[a] Zelitrex [RF]	
		[B]2.26	28.00	26.99	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
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)

5960

Initial moderate to severe genital herpes

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 10

8133C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*20.99	22.24	[a] APO-Valaciclovir [TX]	[a] Vaclovir [AF]
					[a] Valaciclovir AN [EA]	[a] Valaciclovir APOTEX [GX]
					[a] Valaciclovir Sandoz [SZ]	[a] Zelitrex [RF]
		[B]2.26	*23.25	22.24	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
Note No applications for repeats will be authorised.

Authority required (STREAMLINED)
5962
Herpes zoster
Clinical criteria:
- The treatment must be administered within 72 hours of the onset of the rash.

Authority required (STREAMLINED)
5968
Herpes zoster ophthalmicus

valaciclovir 500 mg tablet, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8064K NP	1	..	..	31.44	32.69	[a] APO-Valaciclovir [TX] [a] Valaciclovir AN [EA] [a] Valaciclovir generichealth [GQ] [a] Valaciclovir Sandoz [SZ] [a] Zelitrex [RF]	[a] Vaclovir [AF] [a] Valaciclovir APOTEX [GX] [a] Valaciclovir RBX [RA] [a] Valacor 500 [CR]
			[B]2.26	33.70	32.69	[a] Valtrex [RW]	

Antivirals for treatment of HCV infections

▪ DACLATASVIR

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 hepatitis C infection
Clinical criteria:
- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

daclatasvir 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10645G NP	1	2	..	7818.79	40.30	Daklinza [BQ]

daclatasvir 60 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10642D NP	1	2	..	7818.79	40.30	Daklinza [BQ]

▪ DACLATASVIR

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 hepatitis C infection
Clinical criteria:
- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 24 weeks.

daclatasvir 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10671P NP	1	5	..	7818.79	40.30	Daklinza [BQ]

daclatasvir 60 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10659B NP	1	5	..	7818.79	40.30	Daklinza [BQ]

▪ ELBASVIR + GRAZOPREVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

elbasvir 50 mg + grazoprevir 100 mg tablet, 28

11011M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	8552.12	40.30	Zepatier [MK]

▪ ELBASVIR + GRAZOPREVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

elbasvir 50 mg + grazoprevir 100 mg tablet, 28

11021C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	8552.12	40.30	Zepatier [MK]

▪ GLECAPREVIR + PIBRENTASVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

glecaprevir 100 mg + pibrentasvir 40 mg film-coated tablet, 84

11344C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	18818.79	40.30	Maviret [VE]

▪ GLECAPREVIR + PIBRENTASVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

glecaprevir 100 mg + pibrentasvir 40 mg film-coated tablet, 84

11353M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18818.79	40.30	Maviret [VE]

▪ GLECAPREVIR + PIBRENTASVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**

- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

glecaprevir 100 mg + pibrentasvir 40 mg film-coated tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11354N NP	1	2	..	18818.79	40.30	Maviret [VE]

▪ LEDIPASVIR + SOFOSBUVIR

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 hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10628J NP	1	2	..	12652.12	40.30	Harvoni [GI]

▪ LEDIPASVIR + SOFOSBUVIR

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 hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10668L NP	1	1	..	12652.12	40.30	Harvoni [GI]

▪ LEDIPASVIR + SOFOSBUVIR

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 hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 24 weeks.

ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10670N NP	1	5	..	12652.12	40.30	Harvoni [GI]

▪ RIBAVIRIN

Caution Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.
Note No increase in the maximum number of repeats may be authorised.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

Population criteria:

- Patient must not be pregnant or breastfeeding. Female partners of male patients must not be pregnant. Patients and their partners must each be using an effective form of contraception if of child-bearing age.

ribavirin 200 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10937P NP	1	2	..	162.01	40.30	Ibavyr [IX]

ribavirin 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10665H NP	1	2	..	472.57	40.30	Ibavyr [IX]

ribavirin 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10647J NP	1	2	..	316.78	40.30	Ibavyr [IX]

▪ RIBAVIRIN

Caution Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

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

Authority required

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 24 weeks.

Population criteria:

- Patient must not be pregnant or breastfeeding. Female partners of male patients must not be pregnant. Patients and their partners must each be using an effective form of contraception if of child-bearing age.

ribavirin 200 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10928E NP	1	5	..	162.01	40.30	Ibavyr [IX]

ribavirin 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10666J NP	1	5	..	472.57	40.30	Ibavyr [IX]

ribavirin 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10673R NP	1	5	..	316.78	40.30	Ibavyr [IX]

▪ SOFOSBUVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

sofosbuvir 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10624E NP	1	2	..	12652.12	40.30	Sovaldi [GI]

▪ SOFOSBUVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**

- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 24 weeks.

sofosbuvir 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10657X NP	1	5	..	12652.12	40.30	Sovaldi [GI]

▪ SOFOSBUVIR + VELPATASVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

sofosbuvir 400 mg + velpatasvir 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11147Q NP	1	2	..	12652.12	40.30	Epclusa [GI]

▪ SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR

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 hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

sofosbuvir 400 mg + velpatasvir 100 mg + voxilaprevir 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11658N NP	1	2	..	12652.12	40.30	Vosevi [GI]

Antivirals for treatment of HIV infections, combinations

▪ TENOFOVIR + EMTRICITABINE

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 Pharmaceutical benefits that have the forms tenofovir disoproxil phosphate 291 mg with emtricitabine 200 mg tablet, tenofovir disoproxil maleate 300 mg with emtricitabine 200 mg tablet, and tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg tablet are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7580

Pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection

Clinical criteria:

- The treatment must be for patients at medium to high risk of HIV infection, as defined by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) Guidelines, **AND**
- Patient must have a negative HIV test result prior to treatment with PBS-subsidised therapy with this drug.

Population criteria:

- Patient must be 18 years or older.

tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11296M NP	1	2	..	165.90	40.30	[a] Tenofovir Disoproxil Emtricitabine Mylan 300/200 [AF]

tenofovir disoproxil phosphate 291 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11306C NP	1	2	..	165.90	40.30	[a] Tenofovir EMT GH [GQ]

tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11276L NP	1	2	..	165.90	40.30	[a] Tenofovir/Emtricitabine 300/200 APOTEX [TX]	[a] Truvada [GI]

VACCINES

BACTERIAL VACCINES

Pneumococcal vaccines

PNEUMOCOCCAL PURIFIED CAPSULAR POLYSACCHARIDES

Restricted benefit

Prophylaxis of pneumococcal infection

Clinical criteria:

- Patient must have undergone a splenectomy.

Population criteria:

- Patient must be aged 2 years or older.

Restricted benefit

Prophylaxis of pneumococcal infection

Clinical criteria:

- Patient must have Hodgkin's disease; OR
- Patient must have a high risk of contracting pneumococcal infections.

pneumococcal purified capsular polysaccharides 25 microgram/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10210J NP	1	..	..	49.24	40.30	Pneumovax 23 [CS]

pneumococcal purified capsular polysaccharides 25 microgram/0.5 mL injection, 0.5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1903E NP	1	..	..	49.24	40.30	Pneumovax 23 [CS]

Tetanus vaccines

DIPHTHERIA + TETANUS VACCINE

Note For immunisation of adults and children aged greater than or equal to 8 years.

diphtheria 2 units + tetanus 20 units vaccine injection, 5 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8783G NP	1	..	..	69.92	40.30	ADT Booster [CS]

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

Nitrogen mustard analogues

CHLORAMBUCIL

chlorambucil 2 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1163F	4	2	..	*133.63	40.30	Leukeran [AS]

CYCLOPHOSPHAMIDE

cyclophosphamide 50 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1266P	1	2	..	153.03	40.30	Cyclonex [ZX]

MELPHALAN

melphalan 2 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2547C	1	1	..	63.43	40.30	Alkeran [AS]

Alkyl sulfonates

▪ BUSULFAN

busulfan 2 mg tablet, 100

1128J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	77.51	40.30	Myleran [AS]

Nitrosoureas

▪ CARMUSTINE

Note Carmustine is not PBS-subsidised for use in conjunction with PBS-subsidised temozolomide.

Restricted benefit

Glioblastoma multiforme

Clinical criteria:

- The condition must be suspected or confirmed at the time of initial surgery.

carmustine 7.7 mg implant, 8

8898H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	15023.10	40.30	Gliadel [EI]

Other alkylating agents

▪ TEMOZOLOMIDE

temozolomide 180 mg capsule, 5

2438H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	203.38	40.30	[a] APO-Temozolomide [TX] [a] Temolide [JU] [a] Temozolomide Juno [JX]	[a] Temodal [MK] [a] Temozolomide Amneal [JO]

temozolomide 5 mg capsule, 5

8378Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.59	21.84	[a] APO-Temozolomide [TX] [a] Temolide [JU] [a] Temozolomide Amneal [JO]	[a] Temizole 5 [QA] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]

temozolomide 100 mg capsule, 5

8380C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	126.15	40.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]	[a] Temizole 100 [QA] [a] Temolide [JU] [a] Temozolomide Amneal [JO]

temozolomide 140 mg capsule, 5

9362R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	169.62	40.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]	[a] Temizole 140 [QA] [a] Temolide [JU] [a] Temozolomide Amneal [JO]

temozolomide 20 mg capsule, 5

8379B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	38.24	39.49	[a] APO-Temozolomide [TX] [a] Temolide [JU] [a] Temozolomide Amneal [JO]	[a] Temizole 20 [QA] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]

temozolomide 250 mg capsule, 5

8381D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	287.18	40.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]	[a] Temizole 250 [QA] [a] Temolide [JU] [a] Temozolomide Amneal [JO]

▪ TEMOZOLOMIDE

Note Temozolomide is not PBS-subsidised for use in conjunction with PBS-subsidised carmustine.

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

Restricted benefit

Glioblastoma multiforme

Treatment criteria:

- Patient must be undergoing concomitant radiotherapy.

temozolomide 180 mg capsule, 5

10062N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	2	..	*599.80	40.30	[a] APO-Temozolomide [TX] [a] Temolide [JU] [a] Temozolomide Juno [JX]	[a] Temodal [MK] [a] Temozolomide Amneal [JO]

temozolomide 5 mg capsule, 5

8819E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	2	..	*38.80	40.05	[a] APO-Temozolomide [TX] [a] Temolide [JU] [a] Temozolomide Amneal [JO]	[a] Temizole 5 [QA] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]

temozolomide 100 mg capsule, 5

8821G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	2	..	*361.24	40.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]	[a] Temizole 100 [QA] [a] Temolide [JU] [a] Temozolomide Amneal [JO]

temozolomide 140 mg capsule, 5

9361Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	2	..	*496.21	40.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]	[a] Temizole 140 [QA] [a] Temolide [JU] [a] Temozolomide Amneal [JO]

temozolomide 20 mg capsule, 5

8820F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	2	..	*91.75	40.30	[a] APO-Temozolomide [TX] [a] Temolide [JU] [a] Temozolomide Amneal [JO]	[a] Temizole 20 [QA] [a] Temozolomide Alphapharm [AF] [a] Temozolomide Juno [JX]

ANTIMETABOLITES

Folic acid analogues

▪ METHOTREXATE

methotrexate 5 mg/2 mL injection, 5 x 2 mL vials

2396D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	40.33	40.30	Hospira Pty Limited [PF]

methotrexate 10 mg tablet, 15

2272N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	23.58	24.83	Methoblastin [PF]

methotrexate 2.5 mg tablet, 30

1622J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.31	18.56	Methoblastin [PF]

▪ METHOTREXATE

Restricted benefit

Patients requiring doses greater than 20 mg per week

methotrexate 10 mg tablet, 50

1623K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	51.80	40.30	Methoblastin [PF]

▪ METHOTREXATE

Note For item codes 2395C and 1818Q, pharmaceutical benefits that have the form injection 50 mg in 2 mL are equivalent for the purposes of substitution.

METHOTREXATE Injection 50 mg in 2 mL, 1

1818Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	5	..	*38.89	40.14	[a] Methotrexate Accord [OD]

methotrexate 50 mg/2 mL injection, 5 x 2 mL vials

2395C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	38.90	40.15	[a] Hospira Pty Limited [PF]

Purine analogues

▪ FLUDARABINE

fludarabine phosphate 10 mg tablet, 20

9184J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	930.99	40.30	Fludara [GZ]

▪ MERCAPTOPURINE

mercaptopurine monohydrate 20 mg/mL oral liquid, 100 mL

10214N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	373.07	40.30	Allmercap [LM]

mercaptopurine monohydrate 50 mg tablet, 25

1598D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	2	..	*243.47	40.30	Purinethol [AS]

▪ TIOGUANINE

tioguanine 40 mg tablet, 25

1233X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	188.91	40.30	Lanvis [AS]

Pyrimidine analogues

▪ CAPECITABINE

capecitabine 150 mg tablet, 60

8361C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	..	22.32	23.57	[a] Capecitabine AN [JO] [a] Xelocitabine [JU]	[a] Capecitabine-DRLA [RZ]

capecitabine 500 mg tablet, 120

8362D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	..	78.67	40.30	[a] Capecitabine Alphapharm [AF] [a] Capecitabine Apotex [TX] [a] Capecitabine Sandoz [SZ] [a] Xelocitabine [JU]	[a] Capecitabine AN [JO] [a] Capecitabine-DRLA [RZ] [a] Xelabine [QA]

▪ TRIFLURIDINE + TIPIRACIL

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 (STREAMLINED)
8195
Metastatic colorectal cancer
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must have previously received treatment with fluoropyrimidine, oxaliplatin, irinotecan-based chemotherapies, an anti-vascular endothelial growth factor (anti-VEGF) agent and an anti-epidermal growth factor receptor (anti-EGFR) agent for this condition; OR
- Patient must not be a suitable candidate for treatment with fluoropyrimidine, oxaliplatin, irinotecan-based chemotherapies, an anti-VEGF agent and an anti-EGFR agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

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)
8183
Metastatic colorectal cancer
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

trifluridine 15 mg + tipiracil 6.14 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11507P	3	2	..	*2273.53	40.30	Lonsurf 15/6.14 [SE]

trifluridine 20 mg + tipiracil 8.19 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11524M	4	2	..	*3923.59	40.30	Lonsurf 20/8.19 [SE]

PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

Vinca alkaloids and analogues

▪ VINORELBINE

Authority required

Advanced breast cancer

Clinical criteria:

- Patient must have failed standard prior therapy, which includes an anthracycline.

Authority required

Locally advanced or metastatic non-small cell lung cancer

vinorelbine 20 mg capsule, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9009E	20	2	..	*1570.59	40.30	Navelbine [FB]

vinorelbine 30 mg capsule, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9010F	16	2	..	*1879.23	40.30	Navelbine [FB]

Podophyllotoxin derivatives

▪ ETOPOSIDE

etoposide 100 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1389D	1	..	..	384.31	40.30	Vepesid [BQ]

etoposide 50 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1396L	1	..	..	440.42	40.30	Vepesid [BQ]

CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES

Anthracyclines and related substances

▪ IDARUBICIN

Restricted benefit

Acute myelogenous leukaemia (AML)

idarubicin hydrochloride 5 mg capsule, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2446R	3	..	..	*307.00	40.30	Zavedos [PF]

OTHER ANTINEOPLASTIC AGENTS

Monoclonal antibodies

▪ RITUXIMAB

Authority required (STREAMLINED)

7400

Previously untreated or relapsed/refractory CD20 positive lymphoid cancer

Treatment Phase: Induction or re-induction therapy

Clinical criteria:

- The treatment must be for induction or re-induction for CD20 positive lymphoma; OR
- The treatment must be for induction or re-induction for CD20 positive chronic lymphocytic leukaemia; OR
- The treatment must be for induction or consolidation for CD20 positive acute lymphoblastic leukaemia, **AND**
- The treatment must be in combination with chemotherapy, **AND**
- Patient must not receive more than the number of cycles of treatment recommended by standard guidelines for the partner chemotherapy under this restriction.

An initial dose of rituximab must be administered with rituximab intravenous injection. Subsequent doses may be administered with either intravenous or subcutaneous rituximab.

No more than 8 doses in total as per course of treatment will be allowed for lymphoma or chronic lymphocytic leukaemia.

No more than 12 doses in total as per course of treatment will be allowed for acute lymphoblastic leukaemia for induction course (including consolidation course).

rituximab 1.4 g/11.7 mL injection, 11.7 mL vial

10703H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	..	2417.61	40.30	Mabthera SC [RO]

▪ RITUXIMAB

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

Authority required (STREAMLINED)

6011

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.

rituximab 1.4 g/11.7 mL injection, 11.7 mL vial

10709P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	7	..	2417.61	40.30	Mabthera SC [RO]

▪ RITUXIMAB

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

Authority required (STREAMLINED)

7399

Previously untreated or Relapsed/refractory CD20 positive acute lymphoblastic leukaemia

Treatment Phase: Maintenance therapy

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- The treatment must be in combination with chemotherapy, **AND**
- Patient must be in complete remission, **AND**
- Patient must not receive more than 6 doses in total under this restriction.

rituximab 1.4 g/11.7 mL injection, 11.7 mL vial

10719E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2417.61	40.30	Mabthera SC [RO]

▪ 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.

Authority required (STREAMLINED)

6161

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 induction treatment with either R-CHOP or R-CVP regimens for previously untreated follicular B-cell Non-Hodgkin's lymphoma, received immediately prior to this current Authority application, **AND**
- Patient must not have received bendamustine induction therapy, **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.

rituximab 1.4 g/11.7 mL injection, 11.7 mL vial

10742J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	11	..	2417.61	40.30	Mabthera SC [RO]

▪ 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
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.

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.

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.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10682F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2668.39	40.30	Herceptin SC [RO]

▪ TRASTUZUMAB

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).

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.

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.

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

trastuzumab 600 mg/5 mL injection, 5 mL vial

10721G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2668.39	40.30	Herceptin SC [RO]

▪ 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
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.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10798H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2668.39	40.30	Herceptin SC [RO]

▪ 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.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10803N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2668.39	40.30	Herceptin SC [RO]

▪ 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.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10825R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2668.39	40.30	Herceptin SC [RO]

Protein kinase inhibitors

▪ AFATINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

afatinib 20 mg tablet, 28

11335N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2876.12	40.30	Giotrif [BY]

afatinib 30 mg tablet, 28

11341X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2876.12	40.30	Giotrif [BY]

afatinib 40 mg tablet, 28

11359W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2876.12	40.30	Giotrif [BY]

afatinib 50 mg tablet, 28

11329G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2876.12	40.30	Giotrif [BY]

▪ AFATINIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7613

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

afatinib 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11336P	1	3	..	2876.12	40.30	Giotrif [BY]

afatinib 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11348G	1	3	..	2876.12	40.30	Giotrif [BY]

afatinib 40 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11347F	1	3	..	2876.12	40.30	Giotrif [BY]

afatinib 50 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11342Y	1	3	..	2876.12	40.30	Giotrif [BY]

▪ ALECTINIB

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
Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Treatment Phase: Initial treatment
Clinical criteria:
- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

Authority required
Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Treatment Phase: Continuing treatment
Clinical criteria:
- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Authority required
Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Treatment Phase: Grandfathering treatment
Clinical criteria:
- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 January 2018, **AND**
- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have progressive disease while receiving treatment with this drug for this condition.

Population criteria:
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

alectinib 150 mg capsule, 4 x 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11226W	1	1	..	6805.20	40.30	Alecensa [RO]

▪ AXITINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7433

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prescribers may request an increased maximum quantity sufficient to provide up to one month's supply for patients who require dose adjustment.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

axitinib 1 mg tablet, 28

10539Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1120.85	40.30	Inlyta [PF]

axitinib 5 mg tablet, 28

10556N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*5192.13	40.30	Inlyta [PF]

▪ AXITINIB

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

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Prescribers may request an increased maximum quantity sufficient to provide up to one month's supply for patients who require dose adjustment.

axitinib 1 mg tablet, 28

10572K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*1120.85	40.30	Inlyta [PF]

axitinib 5 mg tablet, 28

10540R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*5192.13	40.30	Inlyta [PF]

▪ CABOZANTINIB

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

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required (STREAMLINED)

8572

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**

- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

cabozantinib 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11371L	1	2	..	9952.12	40.30	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11369J	1	2	..	9952.12	40.30	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11360X	1	2	..	9952.12	40.30	Cabometyx [IS]

▪ CABOZANTINIB

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

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7631

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

cabozantinib 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11374P	1	5	..	9952.12	40.30	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11368H	1	5	..	9952.12	40.30	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11367G	1	5	..	9952.12	40.30	Cabometyx [IS]

▪ CERITINIB

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

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

ceritinib 150 mg capsule, 3 x 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11056X	1	1	..	7280.42	40.30	Zykadia [NV]

▪ COBIMETINIB

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 (STREAMLINED)

6839

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be receiving PBS subsidised vemurafenib concomitantly for this condition, **AND**
- Patient must not have progressive disease when treated with a BRAF inhibitor.

cobimetinib 20 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11074W	1	3	..	8190.15	40.30	Cotellic [RO]

▪ COBIMETINIB

Note A patient who has had progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
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 (STREAMLINED)

6803

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised vemurafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

cobimetinib 20 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11075X	1	5	..	8190.15	40.30	Cotellic [RO]

▪ CRIZOTINIB

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
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

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

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

(1) a completed authority prescription form; and

(2) a completed ALK-Positive Non-Small-Cell Lung Cancer Authority Application - Supporting Information Form, which includes details of ALK gene rearrangement in tumour material by FISH testing.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

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).

crizotinib 200 mg capsule, 60

10323H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	7280.42	40.30	Xalkori [PF]

crizotinib 250 mg capsule, 60

10322G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	7280.42	40.30	Xalkori [PF]

▪ CRIZOTINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

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

(1) a completed authority prescription form; and

(2) a completed ROS1-Positive Non-Small-Cell Lung Cancer Authority Application - Supporting Information Form, which includes details of ROS1 gene rearrangement in tumour material.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

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

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have previously received non-PBS subsidised treatment with this drug for this condition prior to 1 January 2019, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- The treatment must be as monotherapy, **AND**
- Patient must have a WHO performance status of 2 or less prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing prior to initiating non-PBS subsidised treatment with this drug for this condition.

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

(1) a completed authority prescription form; and

(2) a completed ROS1-Positive Non-Small-Cell Lung Cancer Authority Application - Supporting Information Form, which includes details of ROS1 gene rearrangement in tumour material.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

crizotinib 200 mg capsule, 60

11589Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	7280.42	40.30	Xalkori [PF]

crizotinib 250 mg capsule, 60

11594F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	7280.42	40.30	Xalkori [PF]

▪ DABRAFENIB

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

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 (STREAMLINED)

6044

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS subsidised therapy; OR
- Patient must have developed intolerance to another BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

dabrafenib 75 mg capsule, 120

2846T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	8333.68	40.30	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

2963Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	5606.50	40.30	Tafinlar [NV]

▪ DABRAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

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 (STREAMLINED)

6013

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

dabrafenib 75 mg capsule, 120

10003L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	8333.68	40.30	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

2954L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5606.50	40.30	Tafinlar [NV]

▪ DASATINIB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.
First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.
Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with imatinib mesilate, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be a primary diagnosis, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase, **AND**
- The treatment must be for first line therapy for this condition, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of dasatinib of 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to dasatinib therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form; and

(3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow; and

(4) a signed patient acknowledgement form

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First continuing treatment

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

First continuing applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) demonstration of continued response to treatment as evidenced by either:(a) a major cytogenetic response [see Note explaining requirements]; or(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements].Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received the First continuing PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Subsequent authority applications for continuing therapy with this drug may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

dasatinib 100 mg tablet, 30

1416M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4305.23	40.30	Sprycel [BQ]

dasatinib 20 mg tablet, 60

1354G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2673.60	40.30	Sprycel [BQ]

dasatinib 50 mg tablet, 60

1381Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4305.23	40.30	Sprycel [BQ]

dasatinib 70 mg tablet, 60

1415L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5293.95	40.30	Sprycel [BQ]

▪ DASATINIB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib. Imatinib mesilate is not approved for use in second or third line treatment.Patients are eligible for PBS-subsidised treatment with only one of dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent.Nilotinib is not approved for patients in blast crisis.1. Initial second line

treatmentFrom 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy.During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.2. Initial third line treatmentThird-line treatment with a TKI can only be approved when imatinib is used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.From 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib providing the patient did not fail that drug as first or second line therapy and for nilotinib the patient is not in blast crisis.3. Continuing treatment for second and third line treatmentAll continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows:(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.4. Authority approval requirements.Response criteria to initial treatment with dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).5. Definitions of response.A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.6. Definitions of loss of response.Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have failed PBS-subsidised first line treatment with this drug for this condition, **AND**
- Patient must have failed an adequate trial of PBS-subsidised first line treatment with imatinib for this condition; OR
- Patient must have failed an adequate trial of PBS-subsidised first line treatment with nilotinib for this condition; OR
- Patient must have experienced intolerance, not a failure of response, to PBS-subsidised second line treatment with nilotinib for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of an adequate trial of imatinib or nilotinib is defined as:(i) Lack of response to initial imatinib or nilotinib therapy, defined as either:- failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or nilotinib for patients initially treated in chronic phase; or- failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or nilotinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or- failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or nilotinib; OR(ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or nilotinib therapy; OR(iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or nilotinib therapy; OR(iv) Development of accelerated phase or blast crisis in a patient previously prescribed imatinib or nilotinib for any phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or(3) Peripheral basophils greater than or equal to 20%; or(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); ORBlast crisis is defined as either:(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or(2) Extramedullary involvement other than spleen and liver; OR(v) Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during first-line imatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid

leukaemia.Patients should be commenced on a dose of dasatinib of at least 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to dasatinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

Applications for authorisation must be in writing and must include:(a) a completed authority prescription form; and(b) a completed Chronic Myeloid Leukaemia - Second and Third Line - Supporting Information Form; and(c) a signed patient acknowledgement; and(d) a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale. (The date of the relevant pathology report needs to be provided); and(e) where there has been a loss of response to imatinib or nilotinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS- subsidised second line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to PBS-subsidised second line treatment with nilotinib for this condition, **AND**
- Patient must have demonstrated a major cytogenetic response in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) a completed Chronic Myeloid Leukaemia - Second and Third Line - Application Form for continuing treatment; and (3) demonstration of continued response to treatment as evidenced by either: (a) major cytogenetic response [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report need be provided; or (b) a peripheral blood level of BCR-ABL of less than 1% on the international scale on the international scale [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report need be provided.

dasatinib 100 mg tablet, 30

9342Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4305.23	40.30	Sprycel [BQ]

dasatinib 20 mg tablet, 60

2478K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2673.60	40.30	Sprycel [BQ]

dasatinib 50 mg tablet, 60

2482P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4305.23	40.30	Sprycel [BQ]

dasatinib 70 mg tablet, 60

2485T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5293.95	40.30	Sprycel [BQ]

▪ DASATINIB

Note Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving concomitant PBS-subsidised imatinib mesilate and who are not appropriate for an allogeneic haemopoietic stem cell transplant.

Note No applications for increased repeats will be authorised.

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed treatment with chemotherapy, **AND**
- Patient must have failed treatment with imatinib, **AND**
- Patient must have failed an allogeneic haemopoeitic stem cell transplantation if applicable, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of treatment is defined as either:

(i) Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy and imatinib;

(ii) Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy and imatinib;

(iii) Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells expressing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

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

(a) a completed authority prescription form; and

(b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and

(c) a signed patient acknowledgement; and

(d) a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial Treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have been treated for this condition prior to 1 December 2007, **AND**
- Patient must have failed treatment with chemotherapy, **AND**
- Patient must have failed an allogeneic haemopoeitic stem cell transplantation if applicable, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells expressing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

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

(a) a completed authority prescription form; and

(b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and

(c) a signed patient acknowledgement; and

(d) a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not have progressed, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

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

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dasatinib 100 mg tablet, 30

9343R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4305.23	40.30	Sprycel [BQ]

dasatinib 20 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9125G	1	2	..	2673.60	40.30	Sprycel [BQ]

dasatinib 50 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9126H	1	2	..	4305.23	40.30	Sprycel [BQ]

dasatinib 70 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9127J	1	2	..	5293.95	40.30	Sprycel [BQ]

▪ ERLOTINIB

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

erlotinib 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10020J	1	3	..	938.78	40.30	Tarceva [RO]

erlotinib 150 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10014C	1	3	..	1151.77	40.30	Tarceva [RO]

erlotinib 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10022L	1	3	..	262.41	40.30	Tarceva [RO]

▪ ERLOTINIB

Authority required (STREAMLINED)

4600

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously been issued with an authority prescription for this drug prior to 1 August 2014, **AND**
- Patient must not have progressive disease.

Population criteria:

- Patient must have a wild type epidermal growth factor receptor (EGFR) gene; OR
- Patient must have an epidermal growth factor receptor (EGFR) gene of unknown type.

erlotinib 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10019H	1	3	..	938.78	40.30	Tarceva [RO]

erlotinib 150 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10025P	1	3	..	1151.77	40.30	Tarceva [RO]

erlotinib 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10028T	1	3	..	262.41	40.30	Tarceva [RO]

▪ ERLOTINIB

Authority required (STREAMLINED)

7446

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

erlotinib 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11260P	1	3	..	938.78	40.30	Tarceva [RO]

erlotinib 150 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11259N	1	3	..	1151.77	40.30	Tarceva [RO]

erlotinib 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11263T	1	3	..	262.41	40.30	Tarceva [RO]

▪ EVEROLIMUS

Authority required (STREAMLINED)

7431

Tuberous sclerosis complex (TSC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have demonstrated a response to prior treatment.

everolimus 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11258M	1	5	..	448.48	40.30	Afinitor [NV]

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11267B	1	5	..	1726.74	40.30	Afinitor [NV]

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11254H	1	5	..	891.77	40.30	Afinitor [NV]

▪ EVEROLIMUS

Authority required

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be a candidate for curative surgical resection.

everolimus 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2818H	1	5	..	448.48	40.30	Afinitor [NV]

▪ EVEROLIMUS

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

Authority required

Refractory seizures associated with tuberous sclerosis complex

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a confirmed diagnosis of tuberous sclerosis complex (TSC), **AND**
- Patient must be experiencing a minimum of two partial-onset seizures per week, **AND**
- The condition must have failed to be controlled satisfactorily at stable doses of at least two anti-epileptic drugs, **AND**
- The treatment must be in combination with at least one anti-epileptic drug, **AND**
- Patient must not be a candidate for curative surgery.

Population criteria:

- Patient must be at least 2 years of age.

everolimus 2 mg dispersible tablet, 30

11591C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	359.73	40.30	Afinitor [NV]

everolimus 3 mg dispersible tablet, 30

11599L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	537.00	40.30	Afinitor [NV]

everolimus 5 mg dispersible tablet, 30

11592D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	891.55	40.30	Afinitor [NV]

▪ EVEROLIMUS

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

Authority required (STREAMLINED)

8262

Refractory seizures associated with tuberous sclerosis complex

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have maintained a response to the PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with at least one anti-epileptic drug, **AND**
- Patient must not be a candidate for curative surgery.

everolimus 2 mg dispersible tablet, 30

11607X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	359.73	40.30	Afinitor [NV]

everolimus 3 mg dispersible tablet, 30

11608Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	537.00	40.30	Afinitor [NV]

everolimus 5 mg dispersible tablet, 30

11598K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	891.55	40.30	Afinitor [NV]

▪ EVEROLIMUS

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

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must not have disease progression, **AND**
- The treatment must be as monotherapy.

Patients who have progressive disease with this drug are no longer eligible for PBS-subsidised treatment with this drug.

everolimus 10 mg tablet, 30

10135K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1726.74	40.30	[a] Afinitor [NV]	[a] Everolimus Sandoz [SZ]

everolimus 5 mg tablet, 30

10131F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	891.77	40.30	[a] Afinitor [NV]	[a] Everolimus Sandoz [SZ]

▪ EVEROLIMUS

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

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be symptomatic (despite somatostatin analogues); OR
- Patient must have disease progression, **AND**
- The treatment must be as monotherapy.

Disease progression must be documented in the patient's medical records.

Patients who have developed progressive disease on sunitinib are not eligible to receive PBS-subsidised everolimus.

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

everolimus 10 mg tablet, 30

11377T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1726.74	40.30	[a] Afinitor [NV]	[a] Everolimus Sandoz [SZ]

everolimus 5 mg tablet, 30

11362B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	891.77	40.30	[a] Afinitor [NV]	[a] Everolimus Sandoz [SZ]

▪ EVEROLIMUS

Authority required

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be a candidate for curative surgical resection.

Authority required

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must have acquired endocrine resistance as demonstrated by initial response and then recurrence or progression of disease after treatment with letrozole or anastrozole, **AND**
- The treatment must be in combination with exemestane.

Population criteria:

- Patient must not be pre-menopausal.

Note Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.

everolimus 10 mg tablet, 30

2985D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1726.74	40.30	Afinitor [NV]

everolimus 5 mg tablet, 30

2819J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	891.77	40.30	Afinitor [NV]

▪ EVEROLIMUS

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 Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**

- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus.

Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10132G	1	2	..	1726.74	40.30	Afinitor [NV]

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10133H	1	2	..	891.77	40.30	Afinitor [NV]

▪ EVEROLIMUS

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

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)

7432

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11262R	1	5	..	1726.74	40.30	Afinitor [NV]

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11257L	1	5	..	891.77	40.30	Afinitor [NV]

▪ GEFITINIB

Authority required (STREAMLINED)

7447

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease.

gefitinib 250 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11264W	1	3	..	1271.13	40.30	Iressa [AP]

▪ GEFITINIB

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**

- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

gefitinib 250 mg tablet, 30

8769M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1271.13	40.30	Iressa [AP]

▪ IBRUTINIB

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) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be considered unsuitable for treatment or retreatment with a purine analogue.

A patient is considered unsuitable for treatment or retreatment with a purine analogue as demonstrated by at least one of the following:

a) Failure to respond (stable disease or disease progression on treatment), or a progression-free interval of less than 3 years from treatment with a purine analogue-based therapy and anti-CD20-containing chemoimmunotherapy regimen after at least two cycles;

b) Age is 70 years or older;

c) Age is 65 years or older and the presence of comorbidities (Cumulative Illness Rating Scale of 6 or greater, or creatinine clearance of less than 70 mL/min) that might place the patient at an unacceptable risk for treatment-related toxicity with purine analogue-based therapy, provided they have received one or more prior treatment including at least two cycles of an alkylating agent-based (or purine analogue-based) anti-CD20 antibody-containing chemoimmunotherapy regimen;

d) History of purine analogue-associated autoimmune anaemia or autoimmune thrombocytopenia;

e) Evidence of one or more 17p chromosomal deletions demonstrated by fluorescence in situ hybridisation (FISH).

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

ibrutinib 140 mg capsule, 90

11213E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	8785.41	40.30	Imbruvica [JC]

▪ IBRUTINIB

Note Special Pricing Arrangements apply.
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

Mantle cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Authority required

Mantle cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Authority required

Mantle cell lymphoma

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 August 2018, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

ibrutinib 140 mg capsule, 120

11419B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	11663.17	40.30	Imbruvica [JC]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No applications for increased repeats will be authorised.

Authority required

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with cytarabine; OR
- Patient must have previously failed an adequate trial of conventional therapy with etoposide; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement; and

(d) a copy of the bone marrow biopsy report which demonstrates the presence of a myelodysplastic or myeloproliferative disorder; and

(e) details of the prior therapy trialled and the response; and

(f) a signed patient acknowledgement

Authority required

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be PDGFRB fusion gene-positive, **AND**
- Patient must must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the full blood examination report which demonstrates a complete haematological response; and

(d) a statement that the disease has not progressed on imatinib therapy

imatinib 100 mg capsule, 60

10918P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Glivanib [JU]
					[a] IMATINIB AN [JO]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9176Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene; and

(d) a copy of the bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a copy of the full blood examination report demonstrating eosinophilia; and

(e) details of symptomatic organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate; and

(f) details of prior treatment trialled and the response; and

(g) a signed patient acknowledgement

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

Authority required

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the full blood examination report which demonstrates a complete haematological response; and

(d) a statement that the disease has not progressed on imatinib therapy

imatinib 400 mg capsule, 30

10921T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB AN [JO] [a] IMATINIB-DRLA [RZ]	[a] Glivanib [JU] [a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9179D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No applications for increased repeats will be authorised.

Authority required

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene; and

(d) a copy of the full blood examination report confirming the presence of hypereosinophilic syndrome or chronic eosinophilic leukaemia; and

(e) details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate; and

(f) a signed patient acknowledgement

Authority required

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count; and

(d) a statement that the disease has not progressed on imatinib therapy

imatinib 400 mg capsule, 30

10925B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Glivanib [JU]
					[a] IMATINIB AN [JO]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9175X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib-Teva [SZ]	

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No applications for increased repeats will be authorised.

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

(1) Where the application for authority to prescribe is being sought on the basis of unresectable tumour, written evidence in support of that claim must be provided; and

(2) Where the application for authority to prescribe is being sought on the basis of locally recurrent disease, the site of the local recurrence must be specified; and

(3) Where the application for authority to prescribe is being sought on the basis of metastatic disease, the site(s) of metastatic disease must be provided.

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

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a signed patient acknowledgement

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a statement that the disease has not progressed on imatinib therapy

imatinib 400 mg capsule, 30

10933K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Glivanib [JU]
					[a] IMATINIB AN [JO]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9173T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib-Teva [SZ]	

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No applications for increased repeats will be authorised.

Authority required

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with cytarabine; OR
- Patient must have previously failed an adequate trial of conventional therapy with etoposide; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement; and

(d) a copy of the bone marrow biopsy report which demonstrates the presence of a myelodysplastic or myeloproliferative disorder; and

(e) details of the prior therapy trialled and the response; and

(f) a signed patient acknowledgement

Authority required

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be PDGFRB fusion gene-positive, **AND**
- Patient must must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the full blood examination report which demonstrates a complete haematological response; and

(d) a statement that the disease has not progressed on imatinib therapy

imatinib 400 mg capsule, 30

10939R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Glivanib [JU]
					[a] IMATINIB AN [JO]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9177B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib-Teva [SZ]	

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene; and

(d) a copy of the bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a copy of the full blood examination report demonstrating eosinophilia; and

(e) details of symptomatic organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate; and

(f) details of prior treatment trialled and the response; and

(g) a signed patient acknowledgement

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

Authority required

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must must have achieved and maintained a complete haematological response, **AND**

- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the full blood examination report which demonstrates a complete haematological response; and

(d) a statement that the disease has not progressed on imatinib therapy

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10940T	1	2	..	952.47	40.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB AN [JO] [a] IMATINIB-DRLA [RZ]	[a] Glivanib [JU] [a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9178C	1	2	..	952.47	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No applications for increased repeats will be authorised.

Authority required

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene; and

(d) a copy of the full blood examination report confirming the presence of hypereosinophilic syndrome or chronic eosinophilic leukaemia; and

(e) details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate; and

(f) a signed patient acknowledgement

Authority required

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a copy of the full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count; and

(d) a statement that the disease has not progressed on imatinib therapy

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10941W	1	2	..	952.47	40.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB AN [JO] [a] IMATINIB-DRLA [RZ]	[a] Glivanib [JU] [a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9174W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No applications for increased repeats will be authorised.

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

(1) Where the application for authority to prescribe is being sought on the basis of unresectable tumour, written evidence in support of that claim must be provided; and

(2) Where the application for authority to prescribe is being sought on the basis of locally recurrent disease, the site of the local recurrence must be specified; and

(3) Where the application for authority to prescribe is being sought on the basis of metastatic disease, the site(s) of metastatic disease must be provided.

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

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a signed patient acknowledgement

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and

(c) a statement that the disease has not progressed on imatinib therapy

imatinib 100 mg capsule, 60

10942X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB AN [JO] [a] IMATINIB-DRLA [RZ]	[a] Glivanib [JU] [a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9172R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ IMATINIB

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
Applications for authority to prescribe should be forwarded to:

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

Note No applications for increased repeats will be authorised.

Authority required

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial Treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must be commenced at a dose not exceeding 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Imatinib Mesilate PBS Authority Application for Use in the Treatment of Metastatic or Unresectable Gastrointestinal Stromal Tumour - Supporting Information Form which includes the following:

(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and

(ii) a copy of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease; and

(iii) where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence in support of that claim must be provided

Authority required

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given at a dose not exceeding 600 mg per day.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

Applications for continuing treatment may be made by telephone

Note For the following diseases, written authority is required at initiation and for continuation:
Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

imatinib 100 mg tablet, 60

9111M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	952.47	40.30	Glivec [AF]

imatinib 400 mg tablet, 30

9112N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1839.66	40.30	Glivec [AF]

▪ IMATINIB

Authority required

Gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy).

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

(1) a completed authority prescription form; and

(2) a completed Imatinib Mesilate (Glivec) PBS Authority Application for Use in Adjuvant Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form which includes the following:

(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and

(ii) a copy of the pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection must be documented, which must not be more than 3 months prior to the date of this application.

High risk of recurrence is defined as:

Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or

Primary GIST greater than 10 cm with any mitotic rate; or

Primary GIST with a mitotic count of greater than 10/50 HPF.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Any queries concerning patients who are enrolled on the Imatinib Compassionate Program may be directed to the Department of Human Services on 1800 700 270**.**

Authority required

Gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy), **AND**
- Patient must have previously been issued with an authority prescription for imatinib for adjuvant treatment following complete resection of primary GIST.

Applications for continuing therapy may be made by telephone.

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

Note Written applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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imatinib 100 mg tablet, 60

5443L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	952.47	40.30	Glivec [AF]

imatinib 400 mg tablet, 30

5444M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1839.66	40.30	Glivec [AF]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period,

switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.
First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.
Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with imatinib mesilate, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase, **AND**
- The treatment must be for first line therapy for this condition, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form; and(3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow; and(4) a signed patient acknowledgement form

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of imatinib mesilate of 400 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to imatinib mesilate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First Continuing

Clinical criteria:

- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- Patient must have received initial PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

First continuing applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a response to treatment as evidenced by either:

(a) a major cytogenetic response [see Note explaining requirements]; or

(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements].

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing

Clinical criteria:

- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- Patient must have received initial continuing PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Second and subsequent authority applications for continuing therapy with imatinib mesilate may be made on the telephone by contacting 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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imatinib 100 mg capsule, 60

10915L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	952.47	40.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Glivanib [JU]
					[a] IMATINIB AN [JO]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9113P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	952.47	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib-Teva [SZ]	

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.
First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.
Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with imatinib mesilate, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase, **AND**
- The treatment must be for first line therapy for this condition, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form; and(3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow; and(4) a signed patient acknowledgement form

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of imatinib mesilate of 400 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to imatinib mesilate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First Continuing

Clinical criteria:

- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- Patient must have received initial PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

First continuing applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a response to treatment as evidenced by either:

(a) a major cytogenetic response [see Note explaining requirements]; or

(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements].

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing

Clinical criteria:

- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- Patient must have received initial continuing PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Second and subsequent authority applications for continuing therapy with imatinib mesilate may be made on the telephone by contacting 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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imatinib 400 mg capsule, 30

10916M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1839.66	40.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB AN [JO] [a] IMATINIB-DRLA [RZ]	[a] Glivanib [JU] [a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9114Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1839.66	40.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No applications for increased repeats will be authorised.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Applications for authorisation must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Imatinib Mesilate PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and

(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criteria (1), (2), (3) and (5) above, or details of the dates of assessments in the case of progressive splenomegaly

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

Applications for authorisation must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Imatinib Mesilate PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and

(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criterion (1) above, or details of the date of assessment in the case of extramedullary involvement

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

imatinib 100 mg capsule, 60

10920R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Glivanib [JU]
					[a] IMATINIB AN [JO]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9115R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib-Teva [SZ]	

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No applications for increased repeats will be authorised.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Applications for authorisation must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Imatinib Mesilate PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and

(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criteria (1), (2), (3) and (5) above, or details of the dates of assessments in the case of progressive splenomegaly

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

Applications for authorisation must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Imatinib Mesilate PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and

(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criterion (1) above, or details of the date of assessment in the case of extramedullary involvement

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

imatinib 400 mg capsule, 30

10935M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Glivanib [JU]
					[a] IMATINIB AN [JO]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9116T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib-Teva [SZ]	

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Note No applications for increased repeats will be authorised.

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for induction and consolidation therapy, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids.

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

(a) a completed authority prescription form; and

(b) a completed Acute Lymphoblastic Leukaemia Imatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided); and

(d) a signed patient acknowledgement

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have previously received treatment with this drug for this condition under Imatinib Compassionate Program.

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

(a) a completed authority prescription form; and

(b) a completed Acute Lymphoblastic Leukaemia Imatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided); and

(d) a signed patient acknowledgement

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for maintenance of first complete remission, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids.

Imatinib is available with a lifetime maximum of 24 months for continuing treatment with imatinib therapy for patients with acute lymphoblastic leukaemia reimbursed through the PBS.

Note Any queries concerning the arrangements to prescribe this drug beyond 24 months 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).

imatinib 400 mg capsule, 30

10917N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Glivanib [JU]
					[a] IMATINIB AN [JO]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9124F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1839.66	40.30	[a] Glivec [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib-Teva [SZ]	

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Note No applications for increased repeats will be authorised.

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for induction and consolidation therapy, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids.

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

(a) a completed authority prescription form; and

(b) a completed Acute Lymphoblastic Leukaemia Imatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided); and

(d) a signed patient acknowledgement

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have previously received treatment with this drug for this condition under Imatinib Compassionate Program.

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

(a) a completed authority prescription form; and

(b) a completed Acute Lymphoblastic Leukaemia Imatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided); and

(d) a signed patient acknowledgement

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for maintenance of first complete remission, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids.

Imatinib is available with a lifetime maximum of 24 months for continuing treatment with imatinib therapy for patients with acute lymphoblastic leukaemia reimbursed through the PBS.

Note Any queries concerning the arrangements to prescribe this drug beyond 24 months 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).

imatinib 100 mg capsule, 60

10924Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB AN [JO] [a] IMATINIB-DRLA [RZ]	[a] Glivanib [JU] [a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9123E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	952.47	40.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ LAPATINIB

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

Authority required (STREAMLINED)

7441

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- The treatment must be in combination with capecitabine, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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.

lapatinib 250 mg tablet, 70

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11251E	2	2	..	*2923.27	40.30	Tykerb [NV]

▪ LAPATINIB

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
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 treatment must be in combination with capecitabine, **AND**
- Patient must have received prior therapy with a taxane for at least 3 cycles; OR
- Patient must have developed intolerance to treatment with a taxane of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must have progressed following treatment with pertuzumab and trastuzumab in combination, **AND**
- The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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) date of last treatment with a taxane and total number of cycles;

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

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

(v) date of demonstration of progression whilst on treatment with trastuzumab and pertuzumab.

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.

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.

lapatinib 250 mg tablet, 70

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9148L	2	2	..	*2923.27	40.30	Tykerb [NV]

▪ LENVATINIB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6604

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have symptomatic progressive disease prior to treatment; OR
- Patient must have progressive disease at critical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures, **AND**
- Patient must have thyroid stimulating hormone adequately repressed, **AND**
- Patient must be one in whom surgery is inappropriate, **AND**
- Patient must not be a candidate for radiotherapy with curative intent, **AND**
- Patient must have a WHO performance status of 2 or less.

Radioactive iodine refractory is defined as:

- a lesion without iodine uptake on a radioactive iodine (RAI) scan; or
- having received a cumulative RAI dose of greater than or equal to 600 mCi; or
- progression within 12 months of a single RAI treatment; or
- progression after two RAI treatments administered within 12 months of each other.

Authority required (STREAMLINED)

6578

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST).

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

lenvatinib 10 mg capsule, 30

10965D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6462.13	40.30	Lenvima [EI]

lenvatinib 4 mg capsule, 30

10952K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3260.49	40.30	Lenvima [EI]

▪ LENVATINIB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8593

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A, **AND**
- Patient must not have received prior treatment with a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) for this condition; OR
- Patient must have developed intolerance to a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal.

Authority required (STREAMLINED)

8618

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment - grandfathered patients

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 March 2019, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Authority required (STREAMLINED)

8584

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition.

lenvatinib 4 mg capsule, 30

11638M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	2	..	*9617.11	40.30	Lenvima [EI]

▪ NILOTINIB

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be a primary diagnosis, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase, **AND**
- The treatment must be for first line therapy for this condition, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.Patients should be commenced on a dose of nilotinib of 300 mg twice daily. Continuing therapy is dependent on patients demonstrating a response to nilotinib therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.Applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form; and(3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow; and(4) a signed patient acknowledgement formThe following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond 2. Continuing First-line treatment -

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.

First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.

Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason ofintolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with imatinib mesilate, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response.A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.

5. Definitions of loss of response.Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels

increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First continuing treatment

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

First continuing applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) demonstration of continued response to treatment as evidenced by either:(a) a major cytogenetic response [see Note explaining requirements]; or(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements].Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received the First continuing PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Subsequent authority applications for continuing therapy with this drug may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

nilotinib 150 mg capsule, 120

1309X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3847.01	40.30	Tasigna [NV]

▪ NILOTINIB

Note Any queries concerning the arrangements to prescribe this drug 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 this drug should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be in the chronic phase; OR

- The condition must be in the accelerated phase, **AND**
- Patient must have failed an adequate trial of PBS-subsidised first line treatment with imatinib for this condition; OR
- Patient must have failed an adequate trial of PBS-subsidised first line treatment with dasatinib for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of an adequate trial of imatinib or dasatinib is defined as:(i) Lack of response to initial imatinib or dasatinib therapy, defined as either:- failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or dasatinib for patients initially treated in chronic phase; or- failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or dasatinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or- failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or dasatinib; OR(ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or dasatinib therapy; OR(iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or dasatinib therapy; OR(iv) Development of accelerated phase in a patient previously prescribed imatinib or dasatinib for the chronic phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or(3) Peripheral basophils greater than or equal to 20%; or(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); OR(v) Disease progression (defined as a greater than or equal to.50% increase in peripheral white blood cell count, blast count, basophils or platelets) during first-line imatinib or dasatinib therapy in patients with accelerated phase chronic myeloid leukaemia, provided that blast crisis has been excluded on bone marrow biopsy.

Patients should be commenced on a dose of nilotinib of 400 mg twice daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to nilotinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

Applications for authorisation must be in writing and must include:(a) a completed authority prescription form; and(b) a completed Chronic Myeloid Leukaemia - Second and Third Line - Supporting Information Form; and(c) a signed patient acknowledgement; and(d) a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale. (The date of the relevant pathology report needs to be provided); and(e) where there has been a loss of response to imatinib or dasatinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib. Imatinib mesilate is not approved for use in second or third line treatment.Patients are eligible for PBS-subsidised treatment with only one of dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent.Nilotinib is not approved for patients in blast crisis.1. Initial second line treatmentFrom 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy.During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.2. Initial third line treatmentThird-line treatment with a TKI can only be approved when imatinib is used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.From 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib providing the patient did not fail that drug as first or second line therapy and for nilotinib the patient is not in blast crisis.3. Continuing treatment for second and third line treatmentAll continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows:(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.4. Authority approval requirements.Response criteria to initial treatment with dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).5. Definitions of response.A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.6. Definitions of loss of response.Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a major cytogenetic response to nilotinib in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% to nilotinib in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) a completed Chronic Myeloid Leukaemia - Second and Third Line - Application Form for continuing treatment; and(3) demonstration of continued response to treatment as evidenced by either:(a) major cytogenetic response [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report needs to be provided; or(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report needs to be provided

nilotinib 200 mg capsule, 120

9171Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5047.66	40.30	Tasigna [NV]

▪ NINTEDANIB

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

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 1 - new patient

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- Patient must have chest high resolution computed tomography (HRCT) consistent with diagnosis of idiopathic pulmonary fibrosis within the previous 12 months, **AND**
- Patient must have a forced vital capacity (FVC) greater than or equal to 50% predicted for age, gender and height, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin equal to or greater than 30%, **AND**
- Patient must not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Patient must not have an acute respiratory infection at the time of FVC testing.

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

a) a completed authority prescription form; and

b) a completed IPF Authority Application Supporting Information Form; and

c) a signed patient acknowledgement.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 2 - change or re-commencement of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with nintedanib or pirfenidone for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

Note Applications for authorisation under this criterion may be made by telephone by contacting 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

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

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).

nintedanib 100 mg capsule, 60

11100F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1753.03	40.30	Ofev [BY]

nintedanib 150 mg capsule, 60

11106M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3389.72	40.30	Ofev [BY]

▪ OSIMERTINIB

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

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have received non-PBS subsidised therapy with this drug for this condition prior to 1 February 2019, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have had a WHO performance status of 2 or less prior to initiating non-PBS-subsidised treatment, **AND**
- The condition must have progressed on or after epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) therapy as first line treatment for this condition prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have evidence of EGFR T790M mutation following progression on first line EGFR TKI treatment, **AND**
- Patient must not have developed disease progression while receiving non-PBS-subsidised treatment with this drug for this condition.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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

(a) a completed authority prescription form;

(b) a completed EGFR T790M mutation positive non-small cell lung cancer initial PBS authority application - supporting information form;

(c) copy of the pathology report from an Approved Pathology Authority confirming evidence of EGFR T790M mutation in tumour material while on or after first line EGFR TKI treatment; and

(d) date of commencement of first line EGFR TKI treatment and date of progression whilst on first line EGFR TKI treatment.

For patients commencing non-PBS-subsidised treatment between 1 June 2018 and 1 February 2019, evidence of EGFR T790M mutation must be from tumour material.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

osimertinib 40 mg tablet, 30

11620N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7962.12	40.30	Tagrisso [AP]

▪ OSIMERTINIB

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

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The condition must have progressed on or after prior epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) therapy as first line treatment for this condition, **AND**
- Patient must have evidence of EGFR T790M mutation in tumour material at the point of progression on or after first line EGFR TKI treatment.

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

(a) a completed authority prescription form;

(b) a completed EGFR T790M mutation positive non-small cell lung cancer initial PBS authority application - supporting information form;

(c) copy of the pathology report from an Approved Pathology Authority confirming evidence of EGFR T790M mutation in tumour material while on or after first line EGFR TKI treatment; and

(d) date of commencement of first line EGFR TKI treatment and date of progression whilst on first line EGFR TKI 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have received non-PBS subsidised therapy with this drug for this condition prior to 1 February 2019, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have had a WHO performance status of 2 or less prior to initiating non-PBS-subsidised treatment, **AND**
- The condition must have progressed on or after epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) therapy as first line treatment for this condition prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have evidence of EGFR T790M mutation following progression on first line EGFR TKI treatment, **AND**
- Patient must not have developed disease progression while receiving non-PBS-subsidised treatment with this drug for this condition.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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

(a) a completed authority prescription form;

(b) a completed EGFR T790M mutation positive non-small cell lung cancer initial PBS authority application - supporting information form;

(c) copy of the pathology report from an Approved Pathology Authority confirming evidence of EGFR T790M mutation in tumour material while on or after first line EGFR TKI treatment; and

(d) date of commencement of first line EGFR TKI treatment and date of progression whilst on first line EGFR TKI treatment.

For patients commencing non-PBS-subsidised treatment between 1 June 2018 and 1 February 2019, evidence of EGFR T790M mutation must be from tumour material.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

osimertinib 80 mg tablet, 30

11622Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7962.12	40.30	Tagrisso [AP]

▪ PALBOCICLIB

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
Locally advanced or metastatic breast cancer
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must not have previously been treated with an aromatase inhibitor for advanced or metastatic breast cancer, **AND**
- Patient must not have previously been treated with ribociclib; OR
- Patient must have developed an intolerance to ribociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with ribociclib.

Population criteria:

- Patient must not be premenopausal.

Authority required
Locally advanced or metastatic breast 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 develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with ribociclib.

Population criteria:

- Patient must not be premenopausal.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Authority required
Locally advanced or metastatic breast cancer
Treatment Phase: Initial treatment - Grandfather patients
Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 May 2019, **AND**
- Patient must not have previously been treated with an aromatase inhibitor prior to initiating treatment with this drug for this condition, **AND**
- Patient must not have previously been treated with ribociclib; OR
- Patient must have developed an intolerance to ribociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have had a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less prior to initiating treatment with this drug for this condition, **AND**

- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with ribociclib.

Population criteria:

- Patient must not be premenopausal.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

palbociclib 75 mg capsule, 21

11699R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4239.97	40.30	Ibrance [PF]

palbociclib 100 mg capsule, 21

11700T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4239.97	40.30	Ibrance [PF]

palbociclib 125 mg capsule, 21

11698Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4239.97	40.30	Ibrance [PF]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7422

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Patients who have progressive disease on sunitinib are not eligible to receive PBS-subsidised pazopanib.

pazopanib 200 mg tablet, 30

2232L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1190.43	40.30	Votrient [NV]

pazopanib 400 mg tablet, 30

2201W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2302.58	40.30	Votrient [NV]

▪ PAZOPANIB

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

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have received prior chemotherapy treatment including an anthracycline, **AND**
- Patient must not have received prior treatment with an angiogenesis inhibitor, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patient must not have any of the following conditions:

adipocytic soft tissue sarcoma;

gastrointestinal stromal tumour (GIST);

rhabdomyosarcoma other than alveolar or pleomorphic;

chondrosarcoma;
osteosarcoma;
Ewings tumour/primitive neuroectodermal tumour;
dermofibromatosis sarcoma protuberans;
inflammatory myofibroblastic sarcoma;
malignant mesothelioma;
mixed mesodermal tumour of the uterus.
The authority application must be made in writing.

pazopanib 200 mg tablet, 90

10042M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3377.81	40.30	Votrient [NV]

pazopanib 400 mg tablet, 60

10041L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4453.04	40.30	Votrient [NV]

▪ PAZOPANIB

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

Stage IV clear cell variant renal cell carcinoma (RCC)
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have been receiving treatment with pazopanib prior to 1 October 2012, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

pazopanib 200 mg tablet, 90

2034C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3377.81	40.30	Votrient [NV]

pazopanib 400 mg tablet, 60

2035D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4453.04	40.30	Votrient [NV]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.
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 (STREAMLINED)

7458

Advanced (unresectable and/or metastatic) soft tissue sarcoma
Treatment Phase: Continuing treatment beyond 3 months
Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

pazopanib 200 mg tablet, 90

10047T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3377.81	40.30	Votrient [NV]

pazopanib 400 mg tablet, 60

10043N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4453.04	40.30	Votrient [NV]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

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 (STREAMLINED)

7459

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

pazopanib 200 mg tablet, 30

10054E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1190.43	40.30	Votrient [NV]

pazopanib 400 mg tablet, 30

10052C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2302.58	40.30	Votrient [NV]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

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 (STREAMLINED)

7423

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Patients who have progressive disease on sunitinib are not eligible to receive PBS-subsidised pazopanib.

pazopanib 200 mg tablet, 90

11252F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3377.81	40.30	Votrient [NV]

pazopanib 400 mg tablet, 60

11261Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4453.04	40.30	Votrient [NV]

▪ PAZOPANIB

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.

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

Note Patients who have progressive disease with pazopanib are no longer eligible for PBS-subsidised pazopanib.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be classified as favourable to intermediate risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

Patients who have progressive disease on sunitinib are not eligible to receive PBS-subsidised pazopanib.

pazopanib 200 mg tablet, 90

2029T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3377.81	40.30	Votrient [NV]

pazopanib 400 mg tablet, 60

2030W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4453.04	40.30	Votrient [NV]

▪ PONATINIB

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be expressing the T315I mutation, **AND**
- Patient must have failed treatment with chemotherapy, with or without another tyrosine kinase inhibitor, **AND**
- Patient must have failed allogeneic haemopoietic stem cell transplantation (where appropriate).

Failure of treatment is defined as either:

1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy, with or without another tyrosine kinase inhibitor;

2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy, with or without another tyrosine kinase inhibitor;

3. Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

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

1. a completed authority prescription form; and

2. a completed Acute Lymphoblastic Leukaemia - ponatinib Initial PBS authority application form; and

3. a signed patient acknowledgement; and

4. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript.; and evidence of the T315I mutation. The date of the relevant pathology report(s), which should be within the previous 6 months, need(s) to be provided

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia

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 be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have progressive disease.

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 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

ponatinib 15 mg tablet, 60

10523W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	5760.73	40.30	Iclusig [TS]

ponatinib 45 mg tablet, 30

10524X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	6480.17	40.30	Iclusig [TS]

▪ PONATINIB

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed prior treatment with PBS-subsidised dasatinib for this condition; OR
- Patient must have developed intolerance to PBS-subsidised dasatinib of a severity requiring treatment withdrawal, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of treatment with dasatinib is defined as either:

1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with PBS-subsidised dasatinib for this condition; or

2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by PBS-subsidised dasatinib for this condition; or

3. Rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission; OR rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

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

1. a completed authority prescription form; and

2. a completed Acute Lymphoblastic Leukaemia ponatinib PBS Authority Application - Supporting Information Form; and

3. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided; or

4. pathology reports documenting rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition. The date of the relevant pathology report(s) need(s) to be provided

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition.

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

Acute lymphoblastic leukaemia

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised therapy with this drug for this condition prior to 1 September 2018, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed prior treatment with PBS-subsidised dasatinib for this condition; OR
- Patient must have developed intolerance to PBS-subsidised dasatinib of a severity requiring treatment withdrawal, **AND**

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

Failure of treatment with dasatinib is defined as either:

1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with PBS-subsidised dasatinib for this condition; or

2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by PBS-subsidised dasatinib for this condition; or

3. Rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission; OR rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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

1. a completed authority prescription form; and

2. a completed Acute Lymphoblastic Leukaemia ponatinib PBS Authority Application - Supporting Information Form; and

3. a pathology report demonstrating that the patient had active acute lymphoblastic leukaemia, manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript at the time treatment with ponatinib was initiated. The date of the relevant pathology report(s) need(s) to be provided; or

4. pathology reports documenting rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition. The date of the relevant pathology report(s) need(s) to be provided

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

ponatinib 15 mg tablet, 60

11454W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	5760.73	40.30	Iclusig [TS]

ponatinib 45 mg tablet, 30

11453T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	6480.17	40.30	Iclusig [TS]

▪ PONATINIB

Note Patients are eligible for PBS-subsidised treatment with only one of imatinib, dasatinib, nilotinib or ponatinib at any one time and must not be receiving concomitant interferon alfa therapy.

Note 1. Continuing treatment
First continuing applications are to be written, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment. Subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
2. Authority approval requirements.
Response criteria to treatment with ponatinib:
For the purposes of assessing response to PBS-subsidised treatment with ponatinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted within 18 months of the commencement of treatment with ponatinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive first continuing treatment with this drug).
Thereafter, at no greater than 12 month intervals a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% must be sustained to receive subsequent continuing treatments with this drug.
3. Definitions of response.
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.
A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006).
4. Definitions of loss of response.
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor therapy.
Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing

consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have failed an adequate trial of dasatinib; OR
- Patient must have developed intolerance to dasatinib of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have failed an adequate trial of nilotinib; OR
- Patient must have developed intolerance to nilotinib of a severity necessitating permanent treatment withdrawal; OR
- Patient must not be eligible for PBS-subsidised treatment with nilotinib because the patient has a blast crisis.

Failure of an adequate trial of dasatinib or nilotinib is defined as:

1. Lack of response to dasatinib or nilotinib therapy, defined as either:

(i) failure to achieve a haematological response after a minimum of 3 months therapy with dasatinib or nilotinib; or

(ii) failure to achieve any cytogenetic response after a minimum of 6 months therapy with dasatinib or nilotinib as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

(iii) failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with dasatinib or nilotinib; OR

2. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing dasatinib or nilotinib therapy; OR

3. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing dasatinib or nilotinib therapy; OR

4. Development of accelerated phase or blast crisis in a patient previously prescribed dasatinib or nilotinib for any phase of chronic myeloid leukaemia; OR

5. Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during dasatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

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

1. a completed authority prescription form; and

2. a completed Chronic Myeloid Leukaemia - ponatinib Initial PBS authority application form; and

3. a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale. (The date of the relevant pathology report needs to be provided); and

4. where there has been a loss of response to dasatinib or nilotinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be expressing the T315I mutation, **AND**
- Patient must have failed an adequate trial of imatinib; OR
- Patient must have failed an adequate trial of dasatinib; OR

- Patient must have failed an adequate trial of nilotinib.

Failure of an adequate trial of imatinib or dasatinib or nilotinib is defined as:

1. Lack of response to imatinib or dasatinib or nilotinib therapy, defined as either:

(i) failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or dasatinib or nilotinib; or

(ii) failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or dasatinib or nilotinib as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

(iii) failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or dasatinib or nilotinib; OR

2. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or dasatinib or nilotinib therapy; OR

3. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or dasatinib or nilotinib therapy; OR

4. Development of accelerated phase or blast crisis in a patient previously prescribed imatinib or dasatinib or nilotinib for any phase of chronic myeloid leukaemia; OR

5. Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during imatinib or dasatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

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

1. a completed authority prescription form; and

2. a completed Chronic Myeloid Leukaemia - ponatinib Initial PBS authority application form; and

3. a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale and evidence of the T315I mutation. (The date of the relevant pathology report(s) need to be provided); and

4. where there has been a loss of response to imatinib or dasatinib or nilotinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received initial PBS subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenetic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%.

First continuing applications for authorisation must be in writing and must include:

1. a completed authority prescription form; and

2. a completed Chronic Myeloid Leukaemia Continuing PBS authority application Supporting information form; and

3. demonstration of continued response to treatment as evidenced by either:

(a) major cytogenetic response [see Note explaining definitions of response]; or

(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response].

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response at 12 month intervals; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1% at 12 month intervals.

ponatinib 15 mg tablet, 60

10520Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5760.73	40.30	Iclusig [TS]

ponatinib 45 mg tablet, 30

10530F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6480.17	40.30	Iclusig [TS]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

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

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously been treated with an aromatase inhibitor for advanced or metastatic breast cancer, **AND**
- Patient must not have previously been treated with palbociclib; OR
- Patient must have developed an intolerance to palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast 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 develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Population criteria:

- Patient must not be premenopausal.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment - Grandfather patients

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 July 2018, **AND**
- Patient must not have previously been treated with an aromatase inhibitor prior to initiating treatment with this drug for this condition, **AND**
- Patient must not have previously been treated with palbociclib; OR
- Patient must have developed an intolerance to palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have had a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less prior to initiating treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Population criteria:

- Patient must not be premenopausal.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

ribociclib 200 mg tablet, 21

11385F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1926.77	40.30	Kisqali [NV]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

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

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously been treated with an aromatase inhibitor for advanced or metastatic breast cancer, **AND**
- Patient must not have previously been treated with palbociclib; OR
- Patient must have developed an intolerance to palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast 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 develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib.

Population criteria:

- Patient must not be premenopausal.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment - Grandfather patients

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 July 2018, **AND**
- Patient must not have previously been treated with an aromatase inhibitor prior to initiating treatment with this drug for this condition, **AND**
- Patient must not have previously been treated with palbociclib; OR
- Patient must have developed an intolerance to palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have had a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less prior to initiating treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib.

Population criteria:

- Patient must not be premenopausal.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

ribociclib 200 mg tablet, 63

11386G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5512.13	40.30	Kisqali [NV]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

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

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously been treated with an aromatase inhibitor for advanced or metastatic breast cancer, **AND**
- Patient must not have previously been treated with palbociclib; OR
- Patient must have developed an intolerance to palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast 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 develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Population criteria:

- Patient must not be premenopausal.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment - Grandfather patients

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 July 2018, **AND**
- Patient must not have previously been treated with an aromatase inhibitor prior to initiating treatment with this drug for this condition, **AND**
- Patient must not have previously been treated with palbociclib; OR
- Patient must have developed an intolerance to palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have had a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less prior to initiating treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Population criteria:

- Patient must not be premenopausal.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

ribociclib 200 mg tablet, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11397W	1	5	..	3725.46	40.30	Kisqali [NV]

▪ RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) OR the Dynamic International Prognostic Scoring System (DIPSS) OR the Age-Adjusted DIPSS.

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 No increase in the maximum quantity may be authorised for the 15 mg and 20 mg dose strengths.

Note Special Pricing Arrangements apply.

Authority required

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Authority required

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

ruxolitinib 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10927D	1	5	..	5152.12	40.30	Jakavi [NV]

ruxolitinib 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10616R	2	5	..	*5152.13	40.30	Jakavi [NV]

ruxolitinib 15 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10615Q	1	5	..	5152.12	40.30	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10617T	1	5	..	5152.12	40.30	Jakavi [NV]

▪ RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) OR the Dynamic International Prognostic Scoring System (DIPSS) OR the Age-Adjusted DIPSS.

Note Written applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Programs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity may be authorised for the 15 mg and 20 mg dose strengths.

Note Special Pricing Arrangements apply.

Authority required

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis.

Note The authority application must be made in writing and must include:
(1) A completed authority prescription form; and
(2) A completed Myelofibrosis Authority Application Supporting Information Form, which includes all of the following:
(a) A copy of the bone marrow biopsy report confirming diagnosis of myelofibrosis; and
(b) A classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority required

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy.

Note The authority application must be made in writing and must include:
(1) A completed authority prescription form; and
(2) A completed Myelofibrosis Authority Application Supporting Information Form, which includes all of the following:
a) A copy of the bone marrow biopsy report confirming diagnosis of myelofibrosis;
b) A classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS; and
c) A confirmation that the patient's disease related symptoms are resistant, refractory or intolerant to available therapy.

ruxolitinib 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10913J	1	..	..	5152.12	40.30	Jakavi [NV]

ruxolitinib 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10614P	2	..	..	*5152.13	40.30	Jakavi [NV]

ruxolitinib 15 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10619X	1	..	..	5152.12	40.30	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10618W	1	..	..	5152.12	40.30	Jakavi [NV]

▪ SORAFENIB

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.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**

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

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sorafenib 200 mg tablet, 60

10226F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*5547.79	40.30	Nexavar [BN]

▪ SORAFENIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

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 (STREAMLINED)

7487

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sorafenib 200 mg tablet, 60

10242C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*5547.79	40.30	Nexavar [BN]

▪ SORAFENIB

Note Sorafenib is not PBS-subsidised for adjunctive treatment after resection, ablation or chemoembolization.
Sorafenib is not PBS-subsidised for maintenance therapy after disease progression.

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 (STREAMLINED)

8616

Advanced Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A, **AND**
- Patient must not have received prior treatment with a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) for this condition; OR
- Patient must have developed intolerance to a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal.

Authority required (STREAMLINED)

8617

Advanced Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition.

sorafenib 200 mg tablet, 60

9380Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*5547.79	40.30	Nexavar [BN]

▪ SUNITINIB

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
Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must be symptomatic (despite somatostatin analogues); OR
- Patient must have disease progression, **AND**
- The treatment must be as monotherapy.

Disease progression must be documented in the patient's medical records.
Patients who have developed progressive disease on everolimus are not eligible to receive PBS-subsidised sunitinib for this condition.
Patients who have developed intolerance to everolimus of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib.

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2837H	1	2	..	6565.65	40.30	Sutent [PF]

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10464R	1	2	..	4962.20	40.30	Sutent [PF]

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10004M	1	2	..	1737.14	40.30	Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2959R	1	2	..	3358.75	40.30	Sutent [PF]

▪ SUNITINIB

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 (STREAMLINED)
7471
Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have disease progression, **AND**
- The treatment must be as monotherapy.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10010W	1	5	..	6565.65	40.30	Sutent [PF]

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10473F	1	5	..	4962.20	40.30	Sutent [PF]

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10009T	1	5	..	1737.14	40.30	Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2842N	1	5	..	3358.75	40.30	Sutent [PF]

▪ SUNITINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

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 (STREAMLINED)

7466

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Patients who have developed progressive disease on pazopanib are not eligible to receive PBS-subsidised sunitinib.

sunitinib 50 mg capsule, 28

9422X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	6565.65	40.30	Sutent [PF]

sunitinib 37.5 mg capsule, 28

10459L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	4962.20	40.30	Sutent [PF]

sunitinib 12.5 mg capsule, 28

9420T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1737.14	40.30	Sutent [PF]

sunitinib 25 mg capsule, 28

9421W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	3358.75	40.30	Sutent [PF]

▪ SUNITINIB

Note Sunitinib malate is not PBS-subsidised for the treatment of patients with resectable malignant gastrointestinal stromal tumours.
Note Written 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 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

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have previously failed or be intolerant to imatinib mesilate.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Sunitinib Malate (Sutent) PBS Authority Application for Use in the Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form; and

(3) a signed patient acknowledgement.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

sunitinib 50 mg capsule, 28

9490L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	6565.65	40.30	Sutent [PF]

sunitinib 37.5 mg capsule, 28

10503T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	4962.20	40.30	Sutent [PF]

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9488J	1	1	..	1737.14	40.30	Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9489K	1	1	..	3358.75	40.30	Sutent [PF]

▪ SUNITINIB

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.

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

Note Patients who have progressive disease with sunitinib are no longer eligible for PBS-subsidised sunitinib.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be classified as favourable to intermediate risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

Patients who have developed progressive disease on pazopanib are not eligible to receive PBS-subsidised sunitinib.

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9419R	1	1	..	6565.65	40.30	Sutent [PF]

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10504W	1	1	..	4962.20	40.30	Sutent [PF]

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9417P	1	1	..	1737.14	40.30	Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9418Q	1	1	..	3358.75	40.30	Sutent [PF]

▪ SUNITINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS subsidised imatinib after progression on this drug

Note Sunitinib malate is not PBS-subsidised for the treatment of patients with resectable malignant gastrointestinal stromal tumours.

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 (STREAMLINED)

7430

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- The treatment must be as monotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have progressive disease.

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11250D	1	1	..	6565.65	40.30	Sutent [PF]

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11256K	1	1	..	4962.20	40.30	Sutent [PF]

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11266Y	1	1	..	1737.14	40.30	Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11253G	1	1	..	3358.75	40.30	Sutent [PF]

▪ TRAMETINIB

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 (STREAMLINED)
6778
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition, **AND**
- Patient must not have had progressive disease when treated with a BRAF inhibitor.

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10403M	3	3	..	*6611.23	40.30	Mekinist [NV]

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10382K	1	3	..	8764.29	40.30	Mekinist [NV]

▪ TRAMETINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
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 (STREAMLINED)
6752
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10385N	3	5	..	*6611.23	40.30	Mekinist [NV]

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10405P	1	5	..	8764.29	40.30	Mekinist [NV]

▪ VEMURAFENIB

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.
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 (STREAMLINED)
6044
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS subsidised therapy; OR
- Patient must have developed intolerance to another BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

vemurafenib 240 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11076Y	4	3	..	*8190.19	40.30	Zelboraf [RO]

▪ VEMURAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

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 (STREAMLINED)

6013

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

vemurafenib 240 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11081F	4	5	..	*8190.19	40.30	Zelboraf [RO]

Other antineoplastic agents

▪ HYDROXYCARBAMIDE (HYDROXYUREA)

hydroxycarbamide (hydroxyurea) 500 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3093T	1	3	..	63.20	40.30	Hydrea [BQ]

▪ IDELALISIB

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) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 8 doses, followed by monotherapy, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The condition must be CD20 positive, **AND**
- Patient must have a total cumulative illness rating scale (CIRS) score of greater than 6 (excluding CLL-induced illness or organ damage), **AND**
- Patient must be inappropriate for chemo-immunotherapy.

A patient can be considered inappropriate for chemo-immunotherapy when one or more of the following are experienced:

1. Severe neutropenia defined as absolute neutrophil count of less than or equal to 1.0 x 10^9/L; or

2. Severe thrombocytopenia defined as platelet count of less than or equal to 50 x 10^9/L; or

3. Evidence of one or more 17p chromosomal deletions demonstrated by fluorescence in situ hybridisation (FISH).

Full blood count results must be no more than 1 month old at the time of application.

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

a) A completed authority prescription form;

b) A completed CLL/SLL PBS Authority Application - Supporting information form; and

c) Pathology report indicating that the patient can be considered inappropriate for chemo-immunotherapy due to one or more of the following:

1) Recent severe neutropenia; or

2) Recent severe thrombocytopenia; or

3) Presence of 17p chromosomal deletion using fluorescence in situ hybridisation (FISH).

A Grandfathered patient who has previously received non-PBS subsidised treatment with this drug for this condition prior to 1 September 2017 must have met all the initial restriction criteria prior to initiating non-PBS subsidised treatment. A

Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

idelalisib 100 mg tablet, 60

11170X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5369.87	40.30	Zydelig [GI]

idelalisib 150 mg tablet, 60

11162L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5369.87	40.30	Zydelig [GI]

▪ IDELALISIB

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

Refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to a prior therapy with rituximab, **AND**
- The condition must be refractory to a prior therapy with an alkylating agent, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

The condition is considered refractory to a prior therapy when the patient experiences less than a partial response or progression of disease within 6 months after completion of the prior therapy.

The condition is considered refractory to both rituximab and an alkylating agent if the agents were administered together or in successive treatment regimens.

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

a) A completed authority prescription form; and

b) A completed Refractory follicular B-cell non-Hodgkin's lymphoma PBS Authority Application - Supporting information form which must include date of completion of prior therapies with rituximab and an alkylating agent.

Note Any queries concerning the arrangements to prescribe this drug 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 this drug should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

idelalisib 100 mg tablet, 60

11171Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5369.87	40.30	Zydelig [GI]

idelalisib 150 mg tablet, 60

11165P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5369.87	40.30	Zydelig [GI]

▪ OLAPARIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6715

High grade serous ovarian cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have progressive disease.

Authority required (STREAMLINED)

6705

High grade serous fallopian tube cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have progressive disease.

Authority required (STREAMLINED)

6716

High grade serous primary peritoneal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have progressive disease.

olaparib 50 mg capsule, 4 x 112

11050N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6962.12	40.30	Lynparza [AP]

▪ OLAPARIB

Caution Do not substitute olaparib 50 mg capsules with olaparib 100 mg or 150 mg tablets on a mg to mg basis due to difference in dosing and bioavailability of each formulation.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8169

High grade serous ovarian cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Authority required (STREAMLINED)

8171

High grade serous fallopian tube cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Authority required (STREAMLINED)

8188

High grade serous primary peritoneal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

olaparib 100 mg tablet, 56

11503K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*6962.13	40.30	Lynparza [AP]

olaparib 150 mg tablet, 56

11539H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*6962.13	40.30	Lynparza [AP]

▪ OLAPARIB

Caution Do not substitute olaparib 50 mg capsules with olaparib 100 mg or 150 mg tablets on a mg to mg basis due to difference in dosing and bioavailability of each formulation.

Note Special Pricing Arrangements apply.

Authority required

High grade serous ovarian cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be platinum sensitive, **AND**
- The condition must be a germline class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- Patient must have received at least two previous platinum-containing regimens, **AND**
- Patient must have relapsed following a previous platinum-containing regimen, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Platinum sensitivity is defined as disease progression greater than 6 months after completion of the penultimate platinum regimen.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline testing.

Authority required

High grade serous fallopian tube cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be platinum sensitive, **AND**
- The condition must be a germline class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- Patient must have received at least two previous platinum-containing regimens, **AND**
- Patient must have relapsed following a previous platinum-containing regimen, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Platinum sensitivity is defined as disease progression greater than 6 months after completion of the penultimate platinum regimen.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline testing.

Authority required

High grade serous primary peritoneal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be platinum sensitive, **AND**
- The condition must be a germline class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- Patient must have received at least two previous platinum-containing regimens, **AND**
- Patient must have relapsed following a previous platinum-containing regimen, **AND**

- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Platinum sensitivity is defined as disease progression greater than 6 months after completion of the penultimate platinum regimen.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline testing.

olaparib 100 mg tablet, 56

11522K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6962.13	40.30	Lynparza [AP]

olaparib 150 mg tablet, 56

11528R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6962.13	40.30	Lynparza [AP]

▪ SONIDEGIB

Caution Sonidegib is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 20 months and 6 months period after cessation of treatment for female and male patients respectively, as according to the TGA approved Product Information.

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

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be inappropriate for surgery, **AND**
- The condition must be inappropriate for curative radiotherapy, **AND**
- Patient must not have received previous PBS-subsidised treatment with another hedgehog (Hh) inhibitor for this condition; OR
- Patient must have developed intolerance to another hedgehog (Hh) inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

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

a) A completed authority prescription form; and

b) A completed Basal Cell Carcinoma Initial PBS Authority Application Form - Supporting Information Form; and

c) A histological confirmation of BCC and whether the condition is metastatic or locally advanced; and

d) A letter from a surgically qualified clinician demonstrating inappropriateness for surgery for patients with locally advanced BCC; and

e) A letter from a radiation oncologist demonstrating inappropriateness for curative radiotherapy for patients with locally advanced BCC; and

f) A signed patient acknowledgement.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Inappropriate for surgery is defined as:

i/ Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

ii/ Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

iii/ Medical contraindication to surgery

Inappropriate for curative radiotherapy is defined as:

i/Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

ii/ Limitations due to location of tumour; or

iii/ Limitations due to cumulative prior radiotherapy dose; or

iv/ Progressive disease despite prior irradiation of locally advanced BCC.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services

Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must remain inappropriate for surgery, **AND**
- The condition must remain inappropriate for curative radiotherapy, **AND**
- Patient must not receive more than 16 weeks of treatment per continuing treatment under this restriction.

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

a) A completed authority prescription form; and

b) A completed Basal Cell Carcinoma Continuing PBS Authority Application Form - Supporting Information Form; and

c) A confirmation statement from the treating doctor that the disease has not progressed; and

d) In patients with locally advanced BCC, a letter from a surgically qualified clinician demonstrating that the condition remains inappropriate for surgery; or a letter from a radiation oncologist demonstrating that the condition remains inappropriate for curative radiotherapy

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Inappropriate for surgery is defined as:

i/ Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

ii/ Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

iii/ Medical contraindication to surgery

Inappropriate for curative radiotherapy is defined as:

i/ Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

ii/ Limitations due to location of tumour; or

iii/ Limitations due to cumulative prior radiotherapy dose; or

iv/ Progressive disease despite prior irradiation of locally advanced BCC

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Initial treatment or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

sonidegib 200 mg capsule, 30

11304Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7973.55	40.30	Odomzo [RA]

▪ VENETOCLAX

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)

Treatment Phase: Initial treatment - Extension of dose titration

Clinical criteria:

- Patient must have experienced a treatment interruption during the PBS-subsidised dose titration with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be used as monotherapy for this condition under this restriction.

venetoclax 10 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11624T	1	..	..	107.11	40.30	Venclexta [VE]

venetoclax 50 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11648C	1	..	..	252.61	40.30	Venclexta [VE]

▪ VENETOCLAX

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)

Treatment Phase: Initial treatment - Dose titration

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be considered unsuitable for treatment or retreatment with a purine analogue, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be used as monotherapy for this condition under this restriction.

A patient is considered unsuitable for treatment or retreatment with a purine analogue as demonstrated by at least one of the following:

a) Failure to respond (stable disease or disease progression on treatment), or a progression-free interval of less than 3 years from treatment with a purine analogue-based therapy and anti-CD20-containing chemoimmunotherapy regimen after at least two cycles;

b) Age is 70 years or older;

c) Age is 65 years or older and the presence of comorbidities (Cumulative Illness Rating Scale of 6 or greater, or creatinine clearance of less than 70 mL/min) that might place the patient at an unacceptable risk for treatment-related toxicity with purine analogue-based therapy, provided they have received one or more prior treatment including at least two cycles of an alkylating agent-based (or purine analogue-based) anti-CD20 antibody-containing chemoimmunotherapy regimen;

d) History of purine analogue-associated autoimmune anaemia or autoimmune thrombocytopenia;

e) Evidence of one or more 17p chromosomal deletions demonstrated by fluorescence in situ hybridisation (FISH).

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11630D	‡1	..	..	1780.45	40.30	Venclexta [VE]

▪ VENETOCLAX

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)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 6 cycles, followed by monotherapy, **AND**
- The treatment must be ceased on disease progression or on completion of 24 months of PBS-subsidised treatment with this drug for this condition, whichever comes first.

Authority required

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Grandfathered treatment

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 March 2019, **AND**

- Patient must have been considered unsuitable for treatment or retreatment with a purine analogue prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have had a WHO performance status of 0 or 1 prior to initiation of non-PBS subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 6 cycles, followed by monotherapy, **AND**
- The treatment must be ceased on disease progression or on completion of 24 months of PBS-subsidised treatment with this drug for this condition, whichever comes first.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

venetoclax 100 mg tablet, 120

11639N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7775.14	40.30	Venclexta [VE]

▪ VISMODEGIB

Caution Vismodegib is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 24 months and 2 months period after cessation of treatment for female and male patients respectively, as according to the TGA approved Product Information.

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

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be inappropriate for surgery, **AND**
- The condition must be inappropriate for curative radiotherapy, **AND**
- Patient must not have received previous PBS-subsidised treatment with another hedgehog (Hh) inhibitor for this condition; OR
- Patient must have developed intolerance to another hedgehog (Hh) inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

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

a) A completed authority prescription form; and

b) A completed Basal Cell Carcinoma Initial PBS Authority Application Form - Supporting Information Form; and

c) A histological confirmation of BCC and whether the condition is metastatic or locally advanced; and

d) A letter from a surgically qualified clinician demonstrating inappropriateness for surgery for patients with locally advanced BCC; and

e) A letter from a radiation oncologist demonstrating inappropriateness for curative radiotherapy for patients with locally advanced BCC; and

f) A signed patient acknowledgement.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Inappropriate for surgery is defined as:

i/ Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

ii/ Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

iii/ Medical contraindication to surgery

Inappropriate for curative radiotherapy is defined as:

i/Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

ii/ Limitations due to location of tumour; or

iii/ Limitations due to cumulative prior radiotherapy dose; or

iv/ Progressive disease despite prior irradiation of locally advanced BCC.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must remain inappropriate for surgery, **AND**
- The condition must remain inappropriate for curative radiotherapy, **AND**
- Patient must not receive more than 16 weeks of treatment per continuing treatment under this restriction.

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

a) A completed authority prescription form; and

b) A completed Basal Cell Carcinoma Continuing PBS Authority Application Form - Supporting Information Form; and

c) A confirmation statement from the treating doctor that the disease has not progressed; and

d) In patients with locally advanced BCC, a letter from a surgically qualified clinician demonstrating that the condition remains inappropriate for surgery; or a letter from a radiation oncologist demonstrating that the condition remains inappropriate for curative radiotherapy

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Inappropriate for surgery is defined as:

i/ Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

ii/ Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

iii/ Medical contraindication to surgery

Inappropriate for curative radiotherapy is defined as:

i/ Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

ii/ Limitations due to location of tumour; or

iii/ Limitations due to cumulative prior radiotherapy dose; or

iv/ Progressive disease despite prior irradiation of locally advanced BCC

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Initial treatment or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting 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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vismodegib 150 mg capsule, 28

11070P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7452.12	40.30	Erivedge [RO]

▪ VORINOSTAT

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

Authority required
Cutaneous T-cell lymphoma
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have received systemic treatment with chemotherapy, **AND**
- Patient must demonstrate relapsed or chemotherapy-refractory disease, **AND**
- Patient must be ineligible for stem cell transplant, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications for authorisation of initial treatment must be in writing and must include:
(a) a completed authority prescription form; and
(b) a completed cutaneous T-cell lymphoma (CTCL) initial PBS Authority Application - Supporting Information Form.

vorinostat 100 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11138F	1	2	..	4454.24	40.30	Zolinza [MK]

▪ VORINOSTAT

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 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
Cutaneous T-cell lymphoma
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 while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

vorinostat 100 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11141J	1	1	..	4454.24	40.30	Zolinza [MK]

▪ ENDOCRINE THERAPY

HORMONES AND RELATED AGENTS

Progestogens

▪ MEDROXYPROGESTERONE

Restricted benefit
Advanced breast cancer
Clinical criteria:

- The condition must be hormone receptor positive.

medroxyprogesterone acetate 500 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2728N	1	2	..	136.59	40.30	Provera [PF]

▪ MEDROXYPROGESTERONE

Restricted benefit
Breast cancer
Clinical criteria:

- The condition must be hormone receptor positive.

Restricted benefit
Endometrial cancer

medroxyprogesterone acetate 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2725K	1	2	..	99.11	40.30	Provera [PF]

medroxyprogesterone acetate 200 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2316X	1	2	..	111.17	40.30	Provera [PF]

medroxyprogesterone acetate 250 mg tablet, 60

2727M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	136.59	40.30	Provera [PF]

Gonadotropin releasing hormone analogues

▪ GOSERELIN

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be locally advanced (stage C); OR
- The condition must be metastatic (stage D).

goserelin 10.8 mg implant, 1

8093Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	900.04	40.30	Zoladex 10.8 Implant [AP]

▪ GOSERELIN

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be locally advanced (stage C); OR
- The condition must be metastatic (stage D).

Restricted benefit

Endometriosis

Clinical criteria:

- The condition must be visually proven, **AND**
- The treatment must be for the short-term (up to 6 months).

Note Only 1 course of not more than 6 months' therapy will be authorised.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

Restricted benefit

Anticipated premature ovarian failure

Clinical criteria:

- Patient must be receiving treatment with an alkylating agent for a malignancy or an autoimmune disorder that has a high risk of causing premature ovarian failure, **AND**
- Patient must not receive more than 6 months' of treatment for this condition in a lifetime.

Population criteria:

- Patient must be pre-menopausal.

goserelin 3.6 mg implant, 1

1454M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	264.60	40.30	Zoladex Implant [AP]

▪ GOSERELIN (&) BICALUTAMIDE

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.

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be metastatic (stage D), **AND**
- Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.

goserelin 10.8 mg implant [1 implant] (&) bicalutamide 50 mg tablet [28 tablets], 1 pack

9065D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	1048.71	40.30	ZolaCos CP 10.8/50(28) [AP]

goserelin 10.8 mg implant [1 implant] (&) bicalutamide 50 mg tablet [84 tablets], 1 pack

9066E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	1326.44	40.30	ZolaCos CP 10.8/50(84) [AP]

goserelin 3.6 mg implant [1 implant] (&) bicalutamide 50 mg tablet [28 tablets], 1 pack

9064C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	5	..	413.91	40.30	ZolaCos CP 3.6/50 [AP]

▪ LEUPRORELIN

Restricted benefit

Central precocious puberty

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a medical practitioner in consultation with a paediatric endocrinologist; OR
- Must be treated by a medical practitioner in consultation with an endocrinologist specialising in paediatrics.

Clinical criteria:

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

leuprorelin acetate 30 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

10255R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1186.76	40.30	Lucrin Depot Paediatric 30 mg PDS [VE]

▪ LEUPRORELIN

Restricted benefit

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

leuprorelin acetate 22.5 mg injection: modified release [1] (&) inert substance diluent [2 mL syringe], 1 pack

8876E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	900.04	40.30	Lucrin Depot 3 Month PDS [VE]

leuprorelin acetate 30 mg injection: modified release [1] (&) inert substance diluent [2 mL syringe], 1 pack

8877F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1186.76	40.30	Lucrin Depot 4 Month PDS [VE]

leuprorelin acetate 7.5 mg injection: modified release [1] (&) inert substance diluent [2 mL syringe], 1 pack

8875D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	337.90	40.30	Lucrin Depot 7.5mg PDS [VE]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8708H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	900.04	40.30	Eligard 3 month [MF]

leuprorelin acetate 30 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8709J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1186.76	40.30	Eligard 4 month [MF]

leuprorelin acetate 45 mg injection: modified release [1] (&) inert substance diluent [1 syringe], 1 pack

10656W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1740.11	40.30	Lucrin Depot 6-Month [VE]

leuprorelin acetate 45 mg injection: modified release [1] (&) inert substance diluent [1 syringe], 1 pack

8859G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1740.11	40.30	Eligard 6 month [MF]

leuprorelin acetate 7.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8707G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	337.90	40.30	Eligard 1 month [MF]

▪ LEUPRORELIN

Restricted benefit

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; OR
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be aged 10 years or younger (girls) or 11 years or younger (boys), **AND**
- Patient must have had onset of signs or symptoms of central precocious puberty prior to the age of 8 years (girls) or 9 years (boys).

Restricted benefit

Central precocious puberty

Treatment Phase: Initial - grandfather

Clinical criteria:

- Patient must have received treatment with a gonadotropin releasing hormone analogue (GnRHa) for this condition prior to 1 May 2015.

Treatment criteria:

- Must be treated by a paediatric endocrinologist; OR
- Must be treated by an endocrinologist specialising in paediatrics.

leuprorelin acetate 30 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10256T	1	1	..	1186.76	40.30	Lucrin Depot Paediatric 30 mg PDS [VE]

▪ LEUPRORELIN (&) INERT SUBSTANCE (&) BICALUTAMIDE

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.

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be metastatic (stage D), **AND**
- Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.

leuprorelin acetate 7.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [28], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10962Y	‡1	5	..	416.16	40.30	Bi ELIGARD CP [MF]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [28], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10963B	‡1	..	..	978.30	40.30	Bi ELIGARD CP [MF]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [84], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10969H	‡1	1	..	1128.19	40.30	Bi ELIGARD CP [MF]

▪ TRIPTORELIN

Restricted benefit

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

triptorelin 11.25 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9379P	1	1	..	947.13	40.30	Diphereline [IS]

triptorelin 22.5 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5297T	1	..	..	1827.62	40.30	Diphereline [IS]

triptorelin 3.75 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9378N	1	5	..	355.42	40.30	Diphereline [IS]

HORMONE ANTAGONISTS AND RELATED AGENTS

Anti-estrogens

▪ TAMOXIFEN

Note This pharmaceutical benefit is not PBS-subsidised for primary prevention of breast cancer.
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.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 10 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2109B NP	1	5	..	20.44	21.69	Genox 10 [AF]

▪ TAMOXIFEN

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

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.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 30

1880Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*27.01	28.26	[a] Nolvadex-D [AP]

▪ TAMOXIFEN

Note This pharmaceutical benefit is not PBS-subsidised for primary prevention of breast cancer.

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

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.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 60

2110C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	27.01	28.26	[a] Genox 20 [AF]	[a] GenRx Tamoxifen [GX]
					[a] Tamosin [QA]	[a] Tamoxifen Sandoz [SZ]

▪ TAMOXIFEN

Note A moderate risk of developing breast cancer is if the lifetime breast cancer risk is 1.5 to 3 times the population average. A high risk of developing breast cancer is if the lifetime breast cancer risk is more than 3 times the population average.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

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.

Restricted benefit

Reduction of breast cancer risk

Clinical criteria:

- Patient must have a moderate or high risk of developing breast cancer, **AND**
- The treatment must not exceed a dose of 20 mg per day, **AND**
- The treatment must not exceed a lifetime maximum of 5 years for this condition.

tamoxifen 20 mg tablet, 30

10911G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.24	20.49	[a] Genox 20 [AF]	[a] Nolvadex-D [AP]

▪ TOREMIFENE

toremifene 60 mg tablet, 30

8216K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	61.19	40.30	Fareston [AS]

Anti-androgens

▪ BICALUTAMIDE

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 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.

Authority required (STREAMLINED)

5729

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

bicalutamide 50 mg tablet, 28

8094B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	57.28	40.30	[a] APO-Bicalutamide [TX] [a] Bicalox [ER] [a] Calutex [QA] [a] Cosudex [AP]	[a] Bicalide [JU] [a] Bicalutamide AN [JO] [a] Cosamide 50 [AF]

▪ CYPROTERONE

cyproterone acetate 100 mg tablet, 50

8019C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	67.26	40.30	[a] ANTERONE 100 [RW] [a] Cyprocur 100 [QA] [a] Cyprostat-100 [SY] [a] Cyproterone Sandoz [HX] [a] Pharmacor Cyproterone 100 [CR]	[a] APO-Cyproterone [TX] [a] Cyprone 100 [AF] [a] Cyproterone AN [EA] [a] GenRx Cyproterone Acetate [GX]
		[B]1.41	68.67	40.30	[a] Androcur-100 [BN]	

cyproterone acetate 50 mg tablet, 50

1270W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*83.09	40.30	[a] ANTERONE 50 [RW] [a] Cyprocur 50 [QA] [a] Cyprostat [SY] [a] Cyproterone Sandoz [HX] [a] Pharmacor Cyproterone 50 [CR]	[a] APO-Cyproterone [TX] [a] Cyprone 50 [AL] [a] Cyproterone AN [EA] [a] GenRx Cyproterone Acetate [GX]
		[B]2.28	*85.37	40.30	[a] Androcur [BN]	

▪ ENZALUTAMIDE

Note Special Pricing Arrangements apply.

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

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have failed treatment with docetaxel due to resistance or intolerance; OR
- Patient must be unsuitable for docetaxel treatment on the basis of predicted intolerance to docetaxel, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must not have received prior treatment with abiraterone; OR
- Patient must have developed intolerance to abiraterone of a severity necessitating permanent treatment withdrawal.

enzalutamide 40 mg capsule, 112

10174L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3705.42	40.30	Xtandi [LL]

▪ FLUTAMIDE

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 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.

Authority required (STREAMLINED)

5816

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

flutamide 250 mg tablet, 100

1417N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	170.76	40.30	Flutamin [AF]

NP

▪ NILUTAMIDE

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.

Authority required (STREAMLINED)

5785

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

Authority required (STREAMLINED)

5647

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in conjunction with surgical orchidectomy.

nilutamide 150 mg tablet, 30

8131Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	183.79	40.30	Anandron [SW]

NP

Aromatase inhibitors

▪ ANASTROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

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.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

anastrozole 1 mg tablet, 30

8179L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	29.52	30.77	[a] Anastrol [QA]	[a] Anastrozole AN [JO]
					[a] Anastrozole FBM [FO]	[a] Anastrozole GH [GQ]
					[a] Anastrozole Sandoz [SZ]	[a] APO-Anastrozole [TX]
					[a] Arianna 1 [AF]	[a] Arimidex [AP]
					[a] Astzol [JU]	

NP

▪ EXEMESTANE

Restricted benefit

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- Patient must be receiving PBS-subsidised everolimus concomitantly for this condition.

Population criteria:

- Patient must not be pre-menopausal.

exemestane 25 mg tablet, 30

10103R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	66.98	40.30	[a] APO-Exemestane [TX]	[a] Estamane [JU]
					[a] Exaccord [RA]	[a] Exemestane AN [EA]
					[a] Exemestane GH [GQ]	[a] Exemestane Sandoz [SZ]
		[B]4.00	70.98	40.30	[a] Aromasin [PF]	

▪ EXEMESTANE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.

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.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

exemestane 25 mg tablet, 30

8506Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	66.98	40.30	[a] APO-Exemestane [TX]	[a] Estamane [JU]
					[a] Exaccord [RA]	[a] Exemestane AN [EA]
					[a] Exemestane GH [GQ]	[a] Exemestane Sandoz [SZ]
		[B]4.00	70.98	40.30	[a] Aromasin [PF]	

▪ LETROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

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.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

letrozole 2.5 mg tablet, 30

8245Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	31.27	32.52	[a] APO-Letrozole [TX]	[a] Femara 2.5 mg [NV]
					[a] Femolet [AF]	[a] Fera [QA]
					[a] Gynotril [ER]	[a] Letroz [JU]
					[a] Letrozole AN [JO]	[a] Letrozole FBM [FO]
					[a] Letrozole generichealth [GQ]	[a] Letrozole Sandoz [SZ]
					[a] Pharmacor Letrozole 2.5 [CR]	

Other hormone antagonists and related agents

▪ ABIRATERONE

Note Special Pricing Arrangements apply.

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must be used in combination with a corticosteroid, **AND**
- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have failed treatment with docetaxel due to resistance or intolerance; OR
- Patient must be unsuitable for docetaxel treatment on the basis of predicted intolerance to docetaxel, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not receive PBS-subsidised abiraterone if progressive disease develops while on abiraterone, **AND**
- Patient must not have received prior treatment with enzalutamide; OR
- Patient must have developed intolerance to enzalutamide of a severity necessitating permanent treatment withdrawal.

abiraterone acetate 250 mg tablet, 120

2698B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3432.98	40.30	Zytiga [JC]

abiraterone acetate 500 mg tablet, 60

11206T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3432.98	40.30	Zytiga [JC]

▪ DEGARELIX

Restricted benefit

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate

degarelix 80 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack

2784M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	394.34	40.30	Firmagon 80mg [FP]

▪ DEGARELIX

Note No applications for increased maximum quantities and/or repeats will be authorised for the 120 mg powder for injection.

Restricted benefit

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate

degarelix 120 mg injection [2 vials] (&) inert substance diluent [2 syringes], 1 pack

2785N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	412.54	40.30	Firmagon 120mg [FP]

▪ 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

Myeloproliferative disease

Clinical criteria:

- Patient must have excessive thrombocytosis.

interferon alfa-2a 9 million units/0.5 mL injection, 0.5 mL syringe

8553E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	4	..	*409.14	40.30	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

Low grade non-Hodgkin's lymphoma

Clinical criteria:

- The condition must have clinical features suggestive of a poor prognosis, **AND**
- The treatment must be in combination with anthracycline-based chemotherapy.

interferon alfa-2a 3 million units/0.5 mL injection, 0.5 mL syringe

8181N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15	5	..	*409.24	40.30	Roferon-A [RO]

interferon alfa-2a 9 million units/0.5 mL injection, 0.5 mL syringe

8184R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	5	..	*409.14	40.30	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

Hairy cell leukaemia

Authority required

Myeloproliferative disease

Clinical criteria:

- Patient must have excessive thrombocytosis.

interferon alfa-2a 3 million units/0.5 mL injection, 0.5 mL syringe

8180M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15	4	..	*409.24	40.30	Roferon-A [RO]

▪ INTERFERON BETA-1A

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)

7695

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

6860

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

interferon beta-1a 6 million units (30 microgram)/0.5 mL injection, 4 x 0.5 mL syringes

8805K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	854.85	40.30	Avonex [BD]

interferon beta-1a 12 million units (44 microgram)/0.5 mL injection, 12 x 0.5 mL pen devices

8968B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	854.85	40.30	Rebif 44 [SG]

interferon beta-1a 12 million units (44 microgram)/0.5 mL injection, 12 x 0.5 mL syringes

8403G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	854.85	40.30	Rebif 44 [SG]

interferon beta-1a 12 million units (132 microgram)/1.5 mL injection, 4 x 1.5 mL cartridges

9332E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	854.85	40.30	Rebif 44 [SG]

▪ INTERFERON BETA-1B

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)

7695

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

6860

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

interferon beta-1b 8 million international units (250 microgram) injection [15 x 250 microgram vials] (&) inert substance diluent [15 x 1.2 mL syringes], 1 pack

8101J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	994.78	40.30	Betaferon [BN]

▪ PEGINTERFERON ALFA-2A

Note Special Pricing Arrangements apply.

peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11416W NP	1	5	..	1109.31	40.30	Pegasys [RO]

peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11037X NP	1	5	..	1272.42	40.30	Pegasys [RO]

▪ PEGINTERFERON BETA-1A

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)
7695
Multiple sclerosis
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10212L	1	4	..	1050.48	40.30	Plegridy [BD]

peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL pen device] (&) peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL pen device], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10218T	‡1	..	..	1050.48	40.30	Plegridy [BD]

▪ PEGINTERFERON BETA-1A

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)
6860
Multiple sclerosis
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10220X	1	5	..	1050.48	40.30	Plegridy [BD]

Other immunostimulants

▪ GLATIRAMER ACETATE

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)
7695
Multiple sclerosis
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**

- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

6860

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

glatiramer acetate 40 mg/mL injection, 12 x 1 mL syringes

10416F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	886.03	40.30	Copaxone [TB]

▪ MYCOBACTERIUM BOVIS (BACILLUS CALMETTE AND GUERIN (BCG)) TICE STRAIN

Restricted benefit

Primary and relapsing superficial urothelial carcinoma of the bladder

Mycobacterium bovis (Bacillus Calmette and Guerin (BCG)) Tice strain 500 million CFU injection, 3 vials

1131M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	449.74	40.30	OncoTICE [MK]

▪ IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS

Selective immunosuppressants

▪ ABATACEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months

in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the

baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

11684Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	953.62	40.30	Orencia ClickJect [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL syringes

1221G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	953.62	40.30	Orencia [BQ]

▪ ABATACEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that

biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

Infliximab and etanercept patients:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions. For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of

more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

Up to a maximum of 4 repeats will be authorised.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight

with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
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 quantity or number of units may be authorised.

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

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months).

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the

date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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
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 quantity or number of units may be authorised.

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

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

11693K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	953.62	40.30	Orencia ClickJect [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL syringes

1220F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	953.62	40.30	Orencia [BQ]

▪ BARICITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a

treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Grandfathered patients

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received non-PBS-subsidised therapy with this drug for this condition prior to 1 September 2018, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have failed to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

All applications for treatment with this drug for this condition under this restriction must include baseline joint count and ESR and/or CRP as determined at the completion of a 6 month intensive DMARD trial but prior to ceasing DMARD therapy, and measurement of response to the prior course of non-PBS-subsidised therapy with this drug. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing and Initial Grandfathered patients treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment; OR
- Patient must have received insufficient treatment with this drug to complete 24 weeks of treatment under the Initial treatment - Grandfathered patients, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

baricitinib 2 mg tablet, 28

11442F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	1267.79	40.30	Olumiant [LY]

baricitinib 4 mg tablet, 28

11443G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	1267.79	40.30	Olumiant [LY]

▪ BARICITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent

withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

baricitinib 2 mg tablet, 28

11437Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1267.79	40.30	Olumiant [LY]

baricitinib 4 mg tablet, 28

11447L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1267.79	40.30	Olumiant [LY]

▪ CLADRIBINE

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Relapsing remitting multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed by a neurologist, **AND**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

The prescriber should request authority approval for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

Authority required

Relapsing remitting multiple sclerosis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate, this therapy.

The prescriber should request authority approval for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

Authority required

Relapsing remitting multiple sclerosis

Treatment Phase: Grandfather treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have received treatment with this drug for this condition prior to 1 January 2019, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have had at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support), **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

The prescriber should request authority approval for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

cladribine 10 mg tablet, 1

11603Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3985.16	40.30	Mavenclad [SG]

cladribine 10 mg tablet, 4

11604R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*30816.45	40.30	Mavenclad [SG]

cladribine 10 mg tablet, 6

11611D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	23150.36	40.30	Mavenclad [SG]

▪ EVEROLIMUS

Caution Careful monitoring of patients is mandatory.

everolimus 250 microgram tablet, 60

8840G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	218.58	40.30	Certican [NV]

everolimus 500 microgram tablet, 60

8841H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	431.97	40.30	Certican [NV]

everolimus 750 microgram tablet, 60

8842J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	..	*1268.39	40.30	Certican [NV]

everolimus 1 mg tablet, 60

9352F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	..	*1665.35	40.30	Certican [NV]

▪ FINGOLIMOD

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
Multiple sclerosis
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required
Multiple sclerosis
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

fingolimod 500 microgram capsule, 28

5262Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	2210.41	40.30	Gilenya [NV]

▪ LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Authority required (STREAMLINED)
5766
Severe active psoriatic arthritis
Clinical criteria:

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; OR
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

5449T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	33.04	34.29	[a] Arabloc [AV] [a] Ataris 10 [AF] [a] Leflunomide generichealth [HQ]	[a] Arava [SW] [a] Leflunomide APOTEX [GX] [a] Leflunomide Sandoz [SZ]

leflunomide 20 mg tablet, 30

5450W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	44.32	40.30	[a] Arabloc [AV] [a] Ataris 20 [AF]	[a] Arava [SW] [a] Leflunomide APOTEX [GX]

					[a] Leflunomide generichealth [HQ]	[a] Leflunomide Sandoz [SZ]

▪ LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Authority required (STREAMLINED)

5681

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; OR
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

8374R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.04	34.29	[a] Arabloc [AV]	[a] Arava [SW]
					[a] Ataris 10 [AF]	[a] Leflunomide AN [EA]
					[a] Leflunomide APOTEX [GX]	[a] Leflunomide generichealth [HQ]
					[a] Leflunomide GH [GQ]	[a] Leflunomide Sandoz [SZ]
					[a] Lunava 10 [ZP]	

leflunomide 20 mg tablet, 30

8375T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	44.32	40.30	[a] Arabloc [AV]	[a] Arava [SW]
					[a] Ataris 20 [AF]	[a] Leflunomide AN [EA]
					[a] Leflunomide APOTEX [GX]	[a] Leflunomide generichealth [HQ]
					[a] Leflunomide GH [GQ]	[a] Leflunomide Sandoz [SZ]
					[a] Lunava 20 [ZP]	

▪ MYCOPHENOLATE

Caution Careful monitoring of patients is mandatory.

mycophenolate 180 mg enteric tablet, 120

2150E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	103.72	40.30	Myfortic [NV]

mycophenolate 360 mg enteric tablet, 120

2193K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	196.10	40.30	Myfortic [NV]

mycophenolate mofetil 1 g/5 mL powder for oral liquid, 165 mL

8651H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	#280.13	40.30	CellCept [RO]

mycophenolate mofetil 500 mg tablet, 50

8650G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	..	*153.28	40.30	[a] APO-Mycophenolate [TX]	[a] CellCept [RO]
					[a] Ceptolate [AF]	[a] Mycophenolate AN [EA]
					[a] Mycophenolate Sandoz [SZ]	[a] Pharmacor Mycophenolate 500 [CR]

▪ MYCOPHENOLATE

Caution Careful monitoring of patients is mandatory.

Note For item codes 8649F and 1836P, pharmaceutical benefits that have the form capsule 250 mg are equivalent for the purposes of substitution.

mycophenolate mofetil 250 mg capsule, 50

1836P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*153.31	40.30	[a] Ceptolate [AF]

mycophenolate mofetil 250 mg capsule, 100

8649F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	..	*153.34	40.30	[a] APO-Mycophenolate [TX]	[a] CellCept [RO]
					[a] Mycophenolate Sandoz [SZ]	[a] Pharmacor Mycophenolate 250 [CR]

▪ SIROLIMUS

Caution Careful monitoring of patients is mandatory.

sirolimus 1 mg/mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8725F	‡1	3	..	519.32	40.30	Rapamune [PF]

sirolimus 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8984W	1	3	..	332.10	40.30	Rapamune [PF]

sirolimus 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8724E	1	3	..	658.99	40.30	Rapamune [PF]

sirolimus 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8833X	1	3	..	1293.76	40.30	Rapamune [PF]

▪ TERIFLUNOMIDE

Caution Teriflunomide is a category X drug and must not be given to pregnant women or women of childbearing potential who are not currently using reliable contraception.

Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

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

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

teriflunomide 14 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2898M	1	5	..	704.98	40.30	[a] Aubagio [GZ]	[a] Teriflunomide Sandoz [SZ]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having

to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.

Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

Infliximab and etanercept patients:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

10511F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1267.79	40.30	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the

commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all continuing treatment applications.

An application for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. This assessment must be conducted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with this drug, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was issued in this cycle and the date of the first application under a new cycle.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing and Initial 3 (Grandfathered patients) treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment; OR
- Patient must have received insufficient treatment with this drug under the Initial 3 (Grandfathered patients) to complete 24 weeks of treatment, **AND**

- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (Grandfathered patients)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 May 2019, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response following at least 12 weeks of non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all continuing treatment applications.

The assessment of the patient's response to this PBS-subsidised course of therapy must be conducted no later than 4 weeks from the cessation of the treatment course.

Where an assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond, or to have failed to sustain a response to treatment with this drug.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) the date of commencement of this drug; and

(4) results of the baseline patient assessment prior to initiation of non-PBS subsidised therapy with this drug.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

tofacitinib 5 mg tablet, 56

11675L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1267.79	40.30	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).

A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break in therapy of 5 years or more)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have severe active psoriatic arthritis, **AND**
- Patient must not have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition in the previous 5 years, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR

- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was issued in this cycle and the date of the first application under a new cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be conducted no later than 1 month from the date of completion of this initial course of treatment.

Where the most recent course of PBS-subsidised treatment with this drug was accessed under the continuing treatment restriction, the patient must have been assessed for response, and the assessment conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was issued in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after more than 5 years break in therapy) or Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or recommencement of treatment after more than 5 years break in therapy) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) restriction to complete 16 weeks treatment,

AND

- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

11690G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1267.79	40.30	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to

show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.

Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

Infliximab and etanercept patients:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte

sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

10517M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1267.79	40.30	Xeljanz [PF]

Tumor necrosis factor alpha (TNF-) inhibitors

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only. A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time. For paediatric patients with Crohn disease, infliximab is PBS-subsidised for moderate to severe disease while adalimumab is PBS-subsidised for severe disease.

From 1 August 2015, under the PBS, patients commencing on adalimumab will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping

to infliximab. Patients on infliximab will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine but will need to meet a PCDAI score of greater than or equal to 40 when swapping to adalimumab.
Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(a) Initial treatment.
Applications for initial treatment should be made where:
i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 treatment (new patient or Recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
For first and subsequent continuing courses of PBS-subsidised biological medicine therapy, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
Adalimumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats for patients weighing 40 kg or greater. For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent Continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
Patients on infliximab may swap to adalimumab within the same treatment cycle provided that their disease severity has progressed to severe disease (i.e. they have a current PCDAI score of 40 or more).
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to assess response to all subsequent treatments.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.
Patients must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months immediately prior to the time the PCDAI score is measured.

Note Special Pricing Arrangements apply.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written applications for authority approval for sufficient therapy to complete the balance of supply should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

Clinical criteria:

- Patient must have received insufficient therapy with this drug under Initial 1 (new patient or patient recommencing treatment after break of more than 5 years) or Initial 2 (change or recommencement of treatment after a break of less than 5 years) or Initial 3 (grandfathered patients) or Continuing treatment to complete the maximum duration of treatment specified in the relevant treatment phase, **AND**
- The treatment must provide no more than the balance of up to 16 weeks of therapy (new patients or change/re-commencement patients; Initial 1 or Initial 2) or 24 weeks of therapy (Continuing patients or Grandfathered patients).

Treatment criteria:

- Must be treated by a gastroenterologist (code 87) or a consultant physician [internal medicine specialising in gastroenterology (code 81)] or a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician or a specialist paediatric gastroenterologist.

adalimumab 20 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10422M	1	..	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10400J	1	..	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10399H	1	..	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment 1 - New patient or Initial treatment 2 - Recommencement of treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment 1 - New patient restriction to complete a maximum of 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment 2 - Recommencement of treatment restriction to complete a maximum of 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

A maximum of 12 weeks of treatment will be authorised under this restriction.

adalimumab 40 mg/0.8 mL injection, 4 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11133Y	1	2	..	2455.87	40.30	Humira [VE]

▪ ADALIMUMAB

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have demonstrated an adequate response to treatment with adalimumab, **AND**
- Patient must have received adalimumab as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1) a completed authority prescription form; and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

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 adalimumab.

If a patient fails to respond to PBS-subsidised bDMARD treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.
From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only.
Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake.
(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
(ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.
Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months.
A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.
(4) Re-commencement of treatment after a 24 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 24 months, must requalify for treatment under the Initial 1 treatment restriction.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment – balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient adalimumab therapy under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

5284D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

5283C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time. For paediatric patients with Crohn disease, infliximab is PBS-subsidised for moderate to severe disease while adalimumab is PBS-subsidised for severe disease.
From 1 August 2015, under the PBS, patients commencing on adalimumab will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to infliximab. Patients on infliximab will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine but will need to meet a PCDAI score of greater than or equal to 40 when swapping to adalimumab.
Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(a) Initial treatment.
Applications for initial treatment should be made where:
i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 treatment (new patient or Recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
For first and subsequent continuing courses of PBS-subsidised biological medicine therapy, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
Adalimumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats for patients weighing 40 kg or greater. For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent Continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
Patients on infliximab may swap to adalimumab within the same treatment cycle provided that their disease severity has progressed to severe disease (i.e. they have a current PCDAI score of 40 or more).
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to assess response to all subsequent treatments.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.
Patients must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months immediately prior to the time the PCDAI score is measured.

Note Special Pricing Arrangements apply.

Note No applications for increased maximum quantities will 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment of Crohn disease in a paediatric patient assessed by PCDAI

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug as defined as a reduction in PCDAI Score by at least 15 points as compared to baseline and a total of PCDAI score of 40 points or less with the PCDAI assessment being no more than 1 month old at the time of application.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Department of Human Services website (www.humanservices.gov.au)] which includes the following:

(i) the completed Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition.

The PCDAI assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with adalimumab, a PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to the Department of Human Services no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to the Department of Human Services within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

A maximum of 24 weeks treatment will be authorised under this criterion.

Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) and authorised through the Balance of Supply treatment phase PBS restriction.

adalimumab 20 mg/0.4 mL injection, 2 x 0.4 mL syringes

10396E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10420K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10412B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

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
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 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

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment 1 - New patient

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 1 month old at the time of application.

An assessment of the patient's response to this recommencement course of treatment must be made following a minimum of 12 weeks of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial treatment 1 - New patient or Initial treatment 2 - Recommencement of treatment - balance of supply

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

(a) a completed authority prescription form; and

(b) a completed hidradenitis suppurativa PBS authority application supporting Information form which must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics. The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics

(v) a signed patient acknowledgement.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment 2 - Recommencement of treatment

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have demonstrated a response to the most recent PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 1 month old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An assessment of the patient's response to this recommencement course of treatment must be made following a minimum of 12 weeks of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial treatment 1 - New patient or Initial treatment 2 - Recommencement of treatment - balance of supply

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

(a) a completed authority prescription form; and

(b) a completed hidradenitis suppurativa PBS authority application supporting Information form which must include:

(i) the Hurley stage grading; and

(ii) the AN count.

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL pen devices

11132X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	3607.74	40.30	Humira [VE]

▪ ADALIMUMAB

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
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 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

Moderate to severe hidradenitis suppurativa

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

For the first application for continuing treatment a Hidradenitis Suppurativa Clinical Response (HiSCR) assessment must be made following a minimum of 12 weeks of treatment. For subsequent continuing treatment a HiSCR assessment must be made every 24 weeks.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and provided to the Department of Human Services no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to the Department of Human Services within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with this drug.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

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

(a) a completed authority prescription form; and

(b) a completed hidradenitis suppurativa PBS authority application supporting Information form which must include the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment 3 - Grandfathered patient

Clinical criteria:

- Patient must have been receiving treatment with this drug for this condition prior to 1 July 2017, **AND**
- Patient must have had a Hurley stage II or III with an abscess and inflammatory nodule (AN) count greater than or equal to 3 prior to starting treatment with this drug, **AND**
- Patient must have demonstrated a response to treatment by achieving Hidradenitis Suppurativa Clinical Response (HiSCR) after 12 weeks of treatment if the patient has been treated with this drug for this condition for 12 weeks or longer,

AND

- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

For the first application for continuing treatment a Hidradenitis Suppurativa Clinical Response (HiSCR) assessment must be made following a minimum of 12 weeks of treatment. For subsequent continuing treatment a HiSCR assessment must be made every 24 weeks.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and provided to the Department of Human Services no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to the Department of Human Services within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with this drug.

Assessment of disease severity must be no more than 1 month old at the time treatment with this drug was initiated.

A maximum of 24 weeks treatment will be authorised under this restriction.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria or recommencement of treatment criteria where there is a break in treatment.

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

(a) a completed authority prescription form; and

(b) completed hidradenitis suppurativa PBS authority application supporting Information form which must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics. The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics

(v) the Hidradenitis Suppurativa Clinical Response (HiSCR) result if the patient has received 12 weeks or more of treatment

(vi) a signed patient acknowledgement.

adalimumab 40 mg/0.8 mL injection, 4 x 0.8 mL pen devices

11137E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2455.87	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term biological medicine appears in the following NOTES and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab, vedolizumab or ustekinumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab, or vedolizumab treatment prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab more than once.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab, vedolizumab or ustekinumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised therapy with adalimumab, infliximab, vedolizumab or ustekinumab in this treatment cycle and wishes to commence such therapy (Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1)); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab, vedolizumab or ustekinumab and wishes to trial an alternate agent (Initial 2 - Change or recommencement) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with adalimumab, infliximab, vedolizumab or ustekinumab following a break in PBS-subsidised therapy with that agent (Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2)).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, 14 weeks of therapy for infliximab, 14 weeks of therapy for vedolizumab and 16 weeks for ustekinumab.
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab or vedolizumab, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
For subsequent courses of PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
Adalimumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats for patients weighing 40 kg or greater. For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
(b) Continuing treatment.
Following the completion of an initial treatment course with adalimumab, infliximab, vedolizumab or ustekinumab, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate adalimumab, infliximab, vedolizumab or ustekinumab within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab, vedolizumab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for

adalimumab, infliximab, vedolizumab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to assess response to all subsequent treatments.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.
(5) Patients 'grandfathered' onto PBS-subsidised treatment with vedolizumab.
A patient who commenced treatment with vedolizumab for severe Crohn disease prior to 1 August 2015 and who continues to receive treatment at the time of application may qualify for treatment under the initial 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion.
Following completion of the initial PBS-subsidised course, further applications for treatment will be assessed under the continuing treatment restriction of the relevant drug.
'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for continuing treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.
(6) Patients 'grandfathered' onto PBS-subsidised treatment with ustekinumab.
A patient who commenced treatment with ustekinumab for severe Crohn disease prior to 1 September 2017 and who continues to receive treatment at the time of application may qualify for treatment under the initial 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion.
Following completion of the initial PBS-subsidised course, further applications for treatment will be assessed under the continuing treatment restriction of the relevant drug.
'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for continuing treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Note No applications for increased maximum quantities will 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
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

Severe Crohn disease

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

If the application is the first application for continuing treatment with this drug, an assessment of the patient's response to the initial course of treatment must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to the Department of Human Services no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to the Department of Human Services within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

If fewer than the maximum stated repeats in the relevant treatment phase are requested at the time of the application, authority approvals for sufficient repeats to complete the balance of the stated repeats in the relevant treatment phase may be requested by telephone by contacting the Department of Human Services and applying through the Balance of Supply restriction. Under no circumstances will telephone approvals be granted for treatment that would otherwise extend the relevant treatment phase.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9191R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9189P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time. For paediatric patients with Crohn disease, infliximab is PBS-subsidised for moderate to severe disease while adalimumab is PBS-subsidised for severe disease.

From 1 August 2015, under the PBS, patients commencing on adalimumab will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to infliximab. Patients on infliximab will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine but will need to meet a PCDAI score of greater than or equal to 40 when swapping to adalimumab.

Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(a) Initial treatment.

Applications for initial treatment should be made where:

i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 treatment (new patient or Recommencement of treatment after more than 5 years break in therapy); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
For first and subsequent continuing courses of PBS-subsidised biological medicine therapy, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
Adalimumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats for patients weighing 40 kg or greater. For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent Continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
Patients on infliximab may swap to adalimumab within the same treatment cycle provided that their disease severity has progressed to severe disease (i.e. they have a current PCDAI score of 40 or more).
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to assess response to all subsequent treatments.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.
Patients must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months immediately prior to the time the PCDAI score is measured.

Note Special Pricing Arrangements apply.

Note No applications for increased maximum quantities will 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment (new paediatric patient) of Crohn disease in a paediatric patient assessed by PCDAI (Initial 1)

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**

- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior conventional treatment and which is no more than 1 month old at the time of application.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

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

(a) two completed authority prescription forms; and

(b) a completed paediatric Crohn Disease PBS Authority Application -Supporting Information Form [may be downloaded from the Department of Human Services website (www.humanservices.gov.au)] which includes the following:

(i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of previous systemic drug therapy [dosage, date of commencement and duration of therapy] or dates of enteral nutrition; and

(iii) the signed patient or guardian acknowledgement indicating they understand and acknowledge that the PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. 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. Details of the accepted toxicities including severity can be found on the Human Services website (www.humanservices.gov.au).

A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) will be authorised.

Two completed authority prescriptions should be submitted with every initial application for this drug. For patients weighing 40 kg or greater: one prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats. For patients weighing less than 40 kg: one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

If fewer than 2 repeats (for patients 40 kg or greater) or 3 repeats (for patients less than 40 kg) are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with this drug may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to the Department of Human Services within these time-frames, the patient will be deemed to have failed to respond to treatment with this drug.

It is recommended that an application for continuing treatment is posted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug.

Authority required

Severe Crohn disease

Treatment Phase: Change or re-commencement of treatment of Crohn disease in a paediatric patient assessed by PCDAI (Initial 2)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must in this treatment cycle, have received prior PBS-subsidised treatment with this drug for this condition; OR
- Patient must in this treatment cycle, have received prior PBS-subsidised treatment with infliximab for this condition and have a current PCDAI score of 40 or greater, **AND**

- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

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

(a) two completed authority prescription form; and

(b) a completed paediatric Crohn Disease PBS Authority Application -Supporting Information Form [may be downloaded from the Department of Human Services website (www.humanservices.gov.au)] which includes the following:

(i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) Score calculation sheet; and

(ii) details of prior TNF-alfa antagonist treatment including details of date and duration of treatment.

Two completed authority prescriptions should be submitted with every initial application for this drug. For patients weighing 40 kg or greater: one prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats. For patients weighing less than 40 kg: one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

If fewer than 2 repeats (for patients 40 kg or greater) or 3 repeats (for patients less than 40 kg) are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with this drug may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to the Department of Human Services within these time-frames, the patient will be deemed to have failed to respond to treatment with this drug.

It is recommended that an application for continuing treatment is posted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug.

adalimumab 20 mg/0.4 mL injection, 2 x 0.4 mL syringes

10389T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10413C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL pen devices

10397F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	3607.74	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10419J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL syringes

10404N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	3607.74	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab or vedolizumab at any one time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, golimumab, infliximab and vedolizumab only.
From 1 June 2018, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, golimumab, infliximab or vedolizumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab, vedolizumab treatment prior to 1 June 2018 is considered to start their first cycle as of 1 June 2018. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, golimumab, infliximab or vedolizumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of either adalimumab, golimumab, infliximab or vedolizumab in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
(1) How to prescribe PBS-subsidised treatment with adalimumab, golimumab, infliximab and vedolizumab after 1 June 2018.
(a) Initial treatment. Applications for initial treatment should be made where:
(i) an adult patient has received no prior PBS-subsidised treatment with adalimumab, golimumab, infliximab or vedolizumab in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) an adult patient has received prior PBS-subsidised (initial or continuing) adalimumab, golimumab, infliximab or vedolizumab therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to re-commence treatment with adalimumab, golimumab, infliximab or vedolizumab following a break in PBS-subsidised therapy with the same agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
Treatment authorisations under Initial 1 and Initial 2 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab. For second and subsequent courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with adalimumab, golimumab, infliximab or vedolizumab a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised treatment is approved, a patient may swap if eligible to the alternate adalimumab, golimumab, infliximab or vedolizumab treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy. A patient may trial an alternate treatment at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, golimumab, infliximab or vedolizumab at the time of the application. However, they cannot swap to a particular therapy if they have failed to respond to prior treatment with that drug once within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab therapy of at least 5 years, must requalify for initial 1 treatment with respect to the scores of disease severity. A patient must have received treatment with a 5-aminosalicylate oral preparation in a standard dose for induction of remission for a minimum of 3 consecutive months, and, either azathioprine or 6-mercaptopurine for a minimum of 3 consecutive months or a tapered course of oral steroids over a 6 week period followed by an appropriately dosed thiopurine agent for a minimum of 3 consecutive months (unless intolerance develops necessitating permanent treatment withdrawal to these agents). These above prior treatments must have been received immediately prior to the time the scores of disease severity being used to trial a second or subsequent course are measured.
(4) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.
A patient who commenced treatment with golimumab for moderate to severe ulcerative colitis prior to 1 June 2018 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.
Where the term 'biological medicine' appears in the following NOTES and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time. Infliximab and

adalimumab are PBS-subsidised for moderate to severe disease while only infliximab is PBS-subsidised for acute severe disease.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle. A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(a) Initial treatment. Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy - Initial 1 treatment (new patient or Recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) treatment with a biological medicine and wishes to trial an alternate agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years).
Treatment authorisations under Initial 1 and Initial 2 treatment will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab. For second and subsequent courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Adalimumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. For patients weighing 40 kg or greater, one prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats. For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
(b) Continuing treatment. Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the continuing treatment restriction providing they continue to sustain the response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure PBS subsidy criteria are met.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) with infliximab or adalimumab at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(3) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. A patient must have received treatment with a 5-aminosalicylate oral preparation in a standard dose for induction of remission for a minimum of 3 consecutive months, and, either azathioprine or 6-mercaptopurine for a minimum of 3 consecutive months or a tapered course of oral steroids over a 6 week period followed by an appropriately dosed thiopurine agent for a minimum of 3 consecutive months (unless intolerance develops necessitating permanent treatment withdrawal to these agents) immediately prior to the time the PUCAI score is measured.

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

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting 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

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply for Continuing treatment

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment.

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 20 mg/0.4 mL injection, 2 x 0.4 mL syringes

11121H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10961X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10960W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received no PBS-subsidised treatment with a biological disease modifying anti-rheumatic drug (bDMARD) for this condition in the previous 24 months; OR
- Patient must have received no PBS-subsidised bDMARD treatment for at least 5 years if they failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times (once with each agent) in their last treatment cycle, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated

according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

If a patient fails to respond to PBS-subsidised bDMARD treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 5 years have elapsed between the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application under a new treatment cycle.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.
From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they

may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only.
Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake.
(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
(ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.
Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months.
A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.
(4) Re-commencement of treatment after a 24 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 24 months, must requalify for treatment under the Initial 1 treatment restriction.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after break of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with adalimumab, etanercept or tocilizumab for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with adalimumab for this condition in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.

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

(1) a completed authority prescription form; and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Applications for a patient who has received PBS-subsidised treatment with adalimumab in this treatment cycle and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised adalimumab treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised adalimumab treatment was approved under either of the Initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be submitted no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted no later than 4 weeks from the date that course was ceased.

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 adalimumab.

If a patient fails to respond to PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.
From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only.
Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in

their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake.
(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
(ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.
Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months.
A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.
(4) Re-commencement of treatment after a 24 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 24 months, must requalify for treatment under the Initial 1 treatment restriction.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of more than 24 months) or Initial 2 (change or recommencement of treatment after break of less than 24 months) – balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient adalimumab therapy under the Initial 1 (new patient or patient recommencing treatment after break of more than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient adalimumab therapy under the Initial 2 (change or recommencement of treatment after break of less than 24 months) restriction to complete 16 weeks treatment, **AND**

- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

5282B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

5281Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term "biological medicine" appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the PBS- subsidised biological medicines for this condition at any one time.
From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.
(a) Initial treatment. Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - Change or recommencement) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2)
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
For subsequent courses of PBS-subsidised adalimumab or infliximab treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.
(b) Continuing treatment.
Adalimumab patients:
Following the completion of an initial treatment course with adalimumab, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to

sustain the response.
Infliximab patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

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

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 1 month old at the time of application.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological medicine therapy following a minimum of 12 weeks of therapy.

It is recommended that an application for continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not undertaken within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

A maximum of 24 weeks treatment will be authorised under this restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

8966X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8964T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

All applications for continuing treatment with this drug must include a measurement of response to the prior course of therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with this drug. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment – balance of supply

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9104E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9078T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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 Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR

- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9100Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8741C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term "biological medicine" appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS- subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment. Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - Change or recommencement) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2)

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

For subsequent courses of PBS-subsidised adalimumab or infliximab treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment.

Adalimumab patients:

Following the completion of an initial treatment course with adalimumab, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Infliximab patients:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

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

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 1 month old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

It is recommended that an application for continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not undertaken within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological medicine therapy following a minimum of 12 weeks of therapy.

It is recommended that an application for continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not undertaken within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 1 month old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or Recommencement of treatment after more than 5 years break in therapy), Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) - Balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

8965W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL pen devices

8962Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	3607.74	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8963R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL syringes

8961P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	3607.74	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and

ustekinumab for adult patients with severe active psoriatic arthritis.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4

weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised treatment with a biological agent for this condition in the current Treatment Cycle, **AND**
- Patient must demonstrate, at the time of application, an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

All applications for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with this drug, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Where a response assessment is not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9102C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9034L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting 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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adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9428F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9427E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab or vedolizumab at any one time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, golimumab, infliximab and vedolizumab only.

From 1 June 2018, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, golimumab, infliximab or vedolizumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab, vedolizumab treatment prior to 1 June 2018 is considered to start their first cycle as of 1 June 2018. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, golimumab, infliximab or vedolizumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of either adalimumab, golimumab, infliximab or vedolizumab in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

(1) How to prescribe PBS-subsidised treatment with adalimumab, golimumab, infliximab and vedolizumab after 1 June 2018.

(a) Initial treatment. Applications for initial treatment should be made where:

(i) an adult patient has received no prior PBS-subsidised treatment with adalimumab, golimumab, infliximab or vedolizumab in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) an adult patient has received prior PBS-subsidised (initial or continuing) adalimumab, golimumab, infliximab or vedolizumab therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to re-commence treatment with adalimumab, golimumab, infliximab or vedolizumab following a break in PBS-subsidised therapy with the same agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).

Treatment authorisations under Initial 1 and Initial 2 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab. For second and subsequent courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with adalimumab, golimumab, infliximab or vedolizumab a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised treatment is approved, a patient may swap if eligible to the alternate adalimumab, golimumab, infliximab or vedolizumab treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy. A patient may trial an alternate treatment at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, golimumab, infliximab or vedolizumab at the time of the application. However, they cannot swap to a particular therapy if they have failed to respond to prior treatment with that drug once within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(3) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab therapy of at least 5 years, must requalify for initial 1 treatment with respect to the scores of disease severity. A patient must have received treatment with a 5-aminosalicylate oral preparation in a standard dose for induction of remission for a minimum of 3 consecutive months, and, either azathioprine or 6-mercaptopurine for a minimum of 3 consecutive months or a tapered course of oral steroids over a 6 week period followed by an appropriately dosed thiopurine agent for a minimum of 3 consecutive months (unless intolerance develops necessitating permanent treatment withdrawal to these agents). These above prior treatments must have been received immediately prior to the time the scores of disease severity being used to trial a second or subsequent course are measured.

(4) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for moderate to severe ulcerative colitis prior to 1 June 2018 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 3 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment

must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following NOTES and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time. Infliximab and adalimumab are PBS-subsidised for moderate to severe disease while only infliximab is PBS-subsidised for acute severe disease.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle. A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(a) Initial treatment. Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy - Initial 1 treatment (new patient or Recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) treatment with a biological medicine and wishes to trial an alternate agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 treatment (Change or Re-commencement of treatment after a break in therapy of less than 5 years).
Treatment authorisations under Initial 1 and Initial 2 treatment will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab. For second and subsequent courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Adalimumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. For patients weighing 40 kg or greater, one prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats. For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
(b) Continuing treatment. Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the continuing treatment restriction providing they continue to sustain the response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure PBS subsidy criteria are met.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) with infliximab or adalimumab at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(3) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. A patient must have received treatment with a 5-aminosalicylate oral preparation in a standard dose for induction of remission for a minimum of 3 consecutive months, and, either azathioprine or 6-mercaptopurine for a minimum of 3 consecutive months or a tapered course of oral steroids over a 6 week period followed by an appropriately dosed thiopurine agent for a minimum of 3 consecutive months (unless intolerance develops necessitating permanent treatment withdrawal to these agents) immediately prior to the time the PUCAI score is measured.

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

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

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

(a) two completed authority prescription forms; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(iii) the signed patient acknowledgement or guardian acknowledgement.

For patients weighing 40 kg or greater, a maximum quantity and number of repeats to provide for an initial 16 weeks course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 will be authorised.

For patients weighing less than 40 kg, a maximum quantity and number of repeats to provide for an initial 16 weeks of this drug consisting of a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14 will be authorised.

Two completed authority prescriptions must be submitted with every initial application for this drug.For patients weighing 40 kg or greater, one prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription must be written for 2 doses of 40 mg and 2 repeats.

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 1 month old at the time of application.

Patients who fail to achieve a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1, or a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 within the first 12 weeks of receiving this drug for ulcerative colitis, or have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1, or have failed to maintain a PUCAI score less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.

The patient or guardian (required if patient is aged 6 to 17 years) must have signed a patient acknowledgement indicating that he or she understands and acknowledges that the PBS-subsidised treatment will cease if he or she does not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with adalimumab, golimumab, infliximab or vedolizumab for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with adalimumab or infliximab for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have failed PBS-subsidised treatment with adalimumab for this condition in the current treatment cycle; OR
- Patient must not have failed PBS-subsidised treatment with adalimumab for this condition in the current treatment cycle more than once if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of this drug within the timelines specified in the relevant restriction. If the response assessment to the previous course of this drug is not submitted as detailed in the relevant restriction, the patient will be deemed to have failed therapy with this drug.

Applications for authorisation of change or recommencement treatment must be in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

Two completed authority prescriptions must be submitted with every initial application for this drug.For patients weighing 40 kg or greater, one prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription must be written for 2 doses of 40 mg and 2 repeats.

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply for Initial 1 and Initial 2

Clinical criteria:

- Patient must have received insufficient treatment with this drug under the Initial 1 (new patient or recommencement of treatment after more than 5 years break in therapy) restriction to complete 16 weeks of treatment; OR
- Patient must have received insufficient treatment with this drug under the Initial 2 (Change or Re-commencing of treatment after less than 5 years break in therapy) to complete 16 weeks of treatment.

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR

- Must be treated by a specialist paediatric gastroenterologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 20 mg/0.4 mL injection, 2 x 0.4 mL syringes

11127P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10955N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL pen devices

10945C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	..	..	3607.74	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10944B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL syringes

10972L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	..	..	3607.74	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(3) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patients)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received any PBS-subsidised treatment with either adalimumab, certolizumab pegol, etanercept, golimumab, infliximab or secukinumab in this treatment cycle, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which must include the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) a signed patient acknowledgment.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) was approved in this cycle and the date of the first application under a new cycle.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

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Authority required

Ankylosing spondylitis

Treatment Phase: Initial 2 (change or recommencement for all patients)

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received prior PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- Patient must be eligible to receive further bDMARD therapy.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Where the most recent course of PBS-subsidised bDMARD treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to the Department of Human Services no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment – Initial 1 (new patients) or Initial 2 (change or recommencement for all patients) – balance of supply

Clinical criteria:

- Patient must have active, or a documented history of active, ankylosing spondylitis, **AND**
- Patient must have received insufficient therapy with this drug under the Initial 1 (new patients) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement for all patients) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9103D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9077R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term biological medicine appears in the following NOTES and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).
Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.
From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab, vedolizumab or ustekinumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab, or vedolizumab treatment prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab more than once.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab, vedolizumab or ustekinumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised therapy with adalimumab, infliximab, vedolizumab or ustekinumab in this treatment cycle and wishes to commence such therapy (Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1)); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab, vedolizumab or ustekinumab and wishes to trial an alternate agent (Initial 2 - Change or recommencement) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with adalimumab, infliximab, vedolizumab or ustekinumab following a break in PBS-subsidised therapy with that agent (Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2)).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, 14 weeks of therapy for infliximab, 14 weeks of therapy for vedolizumab and 16 weeks for ustekinumab.
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab or vedolizumab, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
For subsequent courses of PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services no later than 2 weeks prior to the patient

completing their current treatment course.
Adalimumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats for patients weighing 40 kg or greater. For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
(b) Continuing treatment.
Following the completion of an initial treatment course with adalimumab, infliximab, vedolizumab or ustekinumab, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate adalimumab, infliximab, vedolizumab or ustekinumab within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab, vedolizumab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for adalimumab, infliximab, vedolizumab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to assess response to all subsequent treatments.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.
(5) Patients 'grandfathered' onto PBS-subsidised treatment with vedolizumab.
A patient who commenced treatment with vedolizumab for severe Crohn disease prior to 1 August 2015 and who continues to receive treatment at the time of application may qualify for treatment under the initial 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion.
Following completion of the initial PBS-subsidised course, further applications for treatment will be assessed under the continuing treatment restriction of the relevant drug.
'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for continuing treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.
(6) Patients 'grandfathered' onto PBS-subsidised treatment with ustekinumab.
A patient who commenced treatment with ustekinumab for severe Crohn disease prior to 1 September 2017 and who continues to receive treatment at the time of application may qualify for treatment under the initial 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion.
Following completion of the initial PBS-subsidised course, further applications for treatment will be assessed under the continuing treatment restriction of the relevant drug.
'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for continuing treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Note No applications for increased maximum quantities 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
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

Severe Crohn disease

Treatment Phase: Initial treatment (new patient - initial 1)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more months.

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and

(iv) the date of the most recent clinical assessment; and

(v) the signed patient acknowledgement indicating they understand and acknowledge that the PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment.

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:(a) patient must have evidence of intestinal inflammation;(b) patient must be assessed clinically as being in a high faecal output state; (c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.Evidence of intestinal inflammation includes: (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or (ii) faeces: higher than normal lactoferrin or calprotectin level; or (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting the Department of Human Services.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

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

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A maximum quantity and number of repeats to provide for an initial 16 week course of this drug will be authorised.

If fewer than the maximum stated repeats in the relevant treatment phase are requested at the time of the application, authority approvals for sufficient repeats to complete the balance of the stated repeats in the relevant treatment phase may

be requested by telephone by contacting the Department of Human Services and applying through the Balance of Supply restriction. Under no circumstances will telephone approvals be granted for treatment that would otherwise extend the relevant treatment phase.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this course of treatment.

Where a response assessment is not undertaken and submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

Note It is recommended that an application for continuing treatment is submitted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug.

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

Authority required

Severe Crohn disease

Treatment Phase: Change or Re-commencement of treatment (initial 2)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological disease modifying drug for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition in the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment; and

(iv) the details of prior biological disease modifying drug treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological disease modifying drug (bDMD) therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised bDMD treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and vedolizumab and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of bDMD treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of bDMD.

A maximum quantity and number of repeats to provide for an initial 16 week course of this drug will be authorised.

If fewer than the maximum stated repeats in the relevant treatment phase are requested at the time of the application, authority approvals for sufficient repeats to complete the balance of the stated repeats in the relevant treatment phase may be requested by telephone by contacting the Department of Human Services and applying through the Balance of Supply restriction. Under no circumstances will telephone approvals be granted for treatment that would otherwise extend the relevant treatment phase.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not undertaken and submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

It is recommended that an application for continuing treatment is posted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug.

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

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete the initial dose (i.e. the initial infusion regimen at weeks 0 and 2); OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 2 doses (new patients) or 5 repeats (Continuing treatment).

Population criteria:

- Patient must be aged 18 years or older.

Authority approval for sufficient therapy to complete a maximum of 2 initial doses or 5 repeats may be requested by telephone by contacting the Department of Human Services

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

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9190Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL pen devices

9187M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	3607.74	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9188N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 6 x 0.8 mL syringes

9186L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	3607.74	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline

measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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 Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number

of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9099X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8737W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)

[further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more)

Clinical criteria:

- Patient must have severe active psoriatic arthritis, **AND**
- Patient must have received no prior PBS-subsidised treatment with a biological agent for this condition; OR
- Patient must have received no PBS-subsidised treatment with a biological agent for at least 5 years if they have previously received PBS-subsidised treatment with a biological agent for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 2 (change or recommencement of treatment)

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological agents within this Treatment Cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug during the current Treatment Cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Applications for a patient who has previously received PBS-subsidised treatment with this drug within this Treatment Cycle and who wishes to recommence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug.

Where the most recent course of PBS-subsidised treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must have been submitted no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment submitted no later than 4 weeks from the date that course was ceased.

Where a response assessment was not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) or Initial 2 (change or recommencement of treatment) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9101B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9033K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1269.75	40.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28

weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
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Complex Drugs
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9426D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	1269.75	40.30	Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9425C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	1269.75	40.30	Humira [VE]

▪ CERTOLIZUMAB PEGOL

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting 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

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen, **AND**
- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10892G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1014.76	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11321W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1014.76	40.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or

(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Grandfather patients (ixekizumab only).

A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Grandfather patients (tofacitinib only).

A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Infliximab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient

is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Note Authority approval for sufficient therapy to complete a maximum of 18 to 20 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 18 to 20 weeks of treatment should be forwarded to:
Department of Human Services
Prior Written Approval of Complex Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) or Initial 2 (change or recommencement of treatment) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment) restriction to complete 18 to 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10896L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1014.76	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11326D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1014.76	40.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A

patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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 Authority approval for sufficient therapy to complete a maximum of 18 to 20 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 18 to 20 weeks of treatment should be forwarded to:
Department of Human Services
Prior Written Approval of Complex Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment – Initial 1 (new patients) or Initial 2 (change or recommencement for all patients) – balance of supply

Clinical criteria:

- Patient must have active, or a documented history of active, ankylosing spondylitis, **AND**
- Patient must have received insufficient therapy with this drug under the Initial 1 (new patients) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement for all patients) restriction to complete 18 to 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10897M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1014.76	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11318Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1014.76	40.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant

restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:

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

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

3425G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1014.76	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11325C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1014.76	40.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at

baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old 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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate.

The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months).

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10905Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3008.50	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11322X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3008.50	40.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a

biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

All applications for continuing treatment with this drug must include a measurement of response to the prior course of therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with this drug. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment – balance of supply

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10137M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1014.76	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11320T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1014.76	40.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or

(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Grandfather patients (ixekizumab only).

A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Grandfather patients (tofacitinib only).

A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Infliximab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient

is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised treatment with a biological agent for this condition in the current Treatment Cycle, **AND**
- Patient must demonstrate, at the time of application, an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

All applications for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment

course. If the application is the first application for continuing treatment with this drug, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Where a response assessment is not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10238W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1014.76	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11324B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1014.76	40.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.

(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patients)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received any PBS-subsidised treatment with either adalimumab, certolizumab pegol, etanercept, golimumab, infliximab or secukinumab in this treatment cycle, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which must include the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) a signed patient acknowledgment.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 18 to 20 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) was approved in this cycle and the date of the first application under a new cycle.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

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Authority required

Ankylosing spondylitis

Treatment Phase: Initial 2 (change or recommencement for all patients)

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received prior PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- Patient must be eligible to receive further bDMARD therapy.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Where the most recent course of PBS-subsidised bDMARD treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to the Department of Human Services no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

A maximum of 18 to 20 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5

years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10904X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3008.50	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11319R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3008.50	40.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment

will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more)

Clinical criteria:

- Patient must have severe active psoriatic arthritis, **AND**
- Patient must have received no prior PBS-subsidised treatment with a biological agent for this condition; OR
- Patient must have received no PBS-subsidised treatment with a biological agent for at least 5 years if they have previously received PBS-subsidised treatment with a biological agent for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 2 (change or recommencement of treatment)

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological agents within this Treatment Cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug during the current Treatment Cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Applications for a patient who has previously received PBS-subsidised treatment with this drug within this Treatment Cycle and who wishes to recommence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug.

Where the most recent course of PBS-subsidised treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must have been submitted no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment submitted no later than 4 weeks from the date that course was ceased.

Where a response assessment was not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

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

Applications for authority to prescribe should be forwarded to:

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

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10909E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3008.50	40.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11323Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3008.50	40.30	Cimzia [UC]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than

5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is

submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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)

7217

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological agent treatment for this condition in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was issued in this cycle and the date of the first application under a new cycle.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11202N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Brenzys [MK]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11216H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Brenzys [MK]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and

- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.

Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

Infliximab and etanercept patients:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions. For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify

with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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)

7276

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

For the purposes of this restriction bDMARD means abatacept, adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, tocilizumab or tofacitinib.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number

of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11218K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Brenzys [MK]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11211C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Brenzys [MK]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.

Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(b) Continuing treatment.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(3) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the

baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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)

8092

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was issued in this cycle and the date of the first application under a new cycle.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11215G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Brenzys [MK]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11217J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Brenzys [MK]

▪ ETANERCEPT

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have demonstrated an adequate response to treatment with etanercept, **AND**
- Patient must have received etanercept as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1) a completed authority prescription form; and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

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 etanercept.

If a patient fails to respond to PBS-subsidised bDMARD treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.
From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only.
Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake.
(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
(ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent

(Initial 2) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.
Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months.
A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.
(4) Re-commencement of treatment after a 24 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 24 months, must requalify for treatment under the Initial 1 treatment restriction.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment – balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient etanercept therapy under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

3450N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

3448L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

3449M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.

It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

Grandfather patients (guselkumab only).

A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Grandfather patients (tildrakizumab only).

A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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 Authority applications for increased quantities/ repeats (where relevant) 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 (STREAMLINED)

8887

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

8955

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11221N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Brenzys [MK]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11225T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1049.69	40.30	Brenzys [MK]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.

Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Population criteria:

- Patient must be 18 years or older.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

Each application for continuing treatment with this drug must include a measurement of response to the prior course of therapy. If the response assessment is not submitted, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was issued in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment – balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11201M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11204Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11196G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological agent treatment for this condition in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Each application for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. Where a response assessment is not submitted the patient will be deemed to have failed to respond to treatment with this drug.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11198J	1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11207W	2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11208X	1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.

Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the

required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11220M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11197H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11219L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received no PBS-subsidised treatment with a biological disease modifying anti-rheumatic drug (bDMARD) for this condition in the previous 24 months; OR
- Patient must have received no PBS-subsidised bDMARD treatment for at least 5 years if they failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times (once with each agent) in their last treatment cycle, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

If a patient fails to respond to PBS-subsidised bDMARD treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 5 years have elapsed between the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application under a new treatment cycle.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.
From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only.
Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than

24 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake.
(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
(ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.
Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months.
A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.
(4) Re-commencement of treatment after a 24 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 24 months, must requalify for treatment under the Initial 1 treatment restriction.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after break of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with adalimumab, etanercept or tocilizumab for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with etanercept for this condition in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

For the purposes of this restriction 'biological disease modifying anti-rheumatic drug' and 'bDMARD' mean adalimumab, etanercept or tocilizumab.

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

(1) a completed authority prescription form; and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Applications for a patient who has received PBS-subsidised treatment with etanercept in this treatment cycle and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised etanercept treatment was approved under either of the Initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be submitted no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted no later than 4 weeks from the date that course was ceased.

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 etanercept.

If a patient fails to respond to PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 bDMARDs at any one time.
From 1 April 2014, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised bDMARD once only.
Once a patient has either failed or ceased to respond to PBS-subsidised bDMARD treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in bDMARD treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake.
(1) How to prescribe PBS-subsidised bDMARD therapy after 1 April 2014.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
(ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than

24 months (Initial 1); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.
Assessments of response to a course of PBS-subsidised therapy must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months.
A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the current treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to the revised baseline measurement.
(4) Re-commencement of treatment after a 24 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 24 months, must requalify for treatment under the Initial 1 treatment restriction.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of more than 24 months) or Initial 2 (change or recommencement of treatment after break of less than 24 months) – balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient etanercept therapy under the Initial 1 (new patient or patient recommencing treatment after break of more than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient etanercept therapy under the Initial 2 (change or recommencement of treatment after break of less than 24 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

3447K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1049.69	40.30	Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

3445H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

3446J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1049.69	40.30	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.

Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority

assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Severe active rheumatoid arthritis

Treatment Phase: First Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9460X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8638P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9090K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A

patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment for this condition in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be used to determine response for all subsequent continuing treatments.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

The application for first continuing treatment following an initial treatment course must be made following a minimum of 12 weeks of treatment with this drug. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course.

If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was issued in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9456Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8779C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9086F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or

(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Grandfather patients (ixekizumab only).

A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Grandfather patients (tofacitinib only).

A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to

receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Infliximab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(4) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised treatment with a biological agent for this condition in the current Treatment Cycle, **AND**
- Patient must demonstrate, at the time of application, an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatments.

The application for first continuing treatment with this drug must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course.

Where a response assessment is not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9458T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9036N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9088H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for

adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment

course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11222P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11223Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11224R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9462B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9429G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9431J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or

(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Grandfather patients (ixekizumab only).

A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Grandfather patients (tofacitinib only).

A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Infliximab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient

is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more)

Clinical criteria:

- Patient must have received no prior PBS-subsidised treatment with a biological agent for this condition; OR
- Patient must have received no PBS-subsidised treatment with a biological agent for at least 5 years if they have previously received PBS-subsidised treatment with a biological agent for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment**.**

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 2 (change or recommencement of treatment after a break of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological agents for this condition within this Treatment Cycle, **AND**
- Patient must not failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current Treatment Cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Applications for a patient who has previously received PBS-subsidised treatment with this drug within this Treatment Cycle and who wishes to recommence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug.

Where the most recent course of PBS-subsidised treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy with this biological agent), the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must have been submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised treatment with this drug was accessed under the continuing treatment criteria, the patient must have been assessed for response, and the assessment submitted, where applicable to the Department of Human Services.

Where this is the initial course of treatment with a particular biological agent (change of treatment) the assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course.

Where a response assessment was not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was issued in this cycle and the date of the first application under a new cycle.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) or Initial 2 (change or recommencement of treatment after a break of less than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9457R	1	3	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9035M	2	3	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9087G	1	3	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they

continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product

Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting 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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etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9459W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8637N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9089J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological

medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patients or recommencement of treatment after a break of 5 years or more)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received any PBS-subsidised treatment for this condition with a biological disease modifying anti-rheumatic drug (bDMARD) in this treatment cycle, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which must include the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) a signed patient acknowledgment.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5

years have elapsed between the date the last prescription for a PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) was approved in this cycle and the date of the first application under a new cycle.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 2 (change or recommencement of treatment after a break of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- Patient must be eligible to receive further bDMARD therapy.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Where the most recent course of PBS-subsidised bDMARD treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to the Department of Human Services no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the first continuing or subsequent continuing treatment criteria, patients must have been assessed for response.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was issued in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment – Initial 1 (new patients or recommencement of treatment after a break of 5 years or more) or Initial 2 (change or recommencement of treatment after a break of less than 5 years) – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or recommencement of treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9455P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8778B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9085E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and

scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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

Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Biosimilar prescribing policy Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is 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

Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient or patient recommencing treatment after a break of 5 years or more) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break of less than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9461Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9037P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9091L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1049.69	40.30	[a] Brenzys [MK]	[a] Enbrel [PF]

▪ ETANERCEPT

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

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment (whole body)

TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing of etanercept under the Pharmaceutical Benefits Scheme (PBS) for patients under 18 years with severe chronic plaque psoriasis.

Applications for treatment of this condition will be limited to provide patients with a maximum of 24 weeks of therapy per course of treatment. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment. Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

(i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or

(ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

For psoriasis affecting the whole body:

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

For psoriasis affecting the face, hand or foot:

Patients are eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the three subscores are rated severe to very severe; OR

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Applications for approval for completion of a course

Applications for a further 8 weeks of treatment to allow for completion of 24 weeks of therapy should be submitted with a PASI assessment.

The PASI assessment must be conducted after at least 12 weeks of treatment.

This assessment must be submitted to Department of Human Services (the Department) within 1 month of the completion of 12 weeks of treatment. Where a response assessment is not undertaken and submitted to the Department within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call the Department on 1800 700 270 to discuss.

(4) Baseline measurements to determine response.

The Department will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months , must requalify for treatment under the initial treatment restriction. The most recent PASI assessment must be no more than 1 month old at the time of application.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age and a parent or authorised guardian must have signed a patient acknowledgement.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received any prior PBS-subsidised treatment with etanercept for this condition; OR
- Patient must not have received any PBS-subsidised treatment with etanercept for this condition for at least 12 months, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; and/or (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis in Patients Less Than 18 Years PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and

(iii) the parent or authorised guardian signed patient and prescriber acknowledgements.

Where a patient has had a 12 month treatment break, the length of the break is measured from the date the most recent treatment was stopped to the date of the application to re-commence treatment.

Note Details of acceptable toxicities including severity, associated with phototherapy, methotrexate and acitretin, can be found on the Department of Human Services website at www.humanservices.gov.au

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment or Re-treatment (Whole body) - balance of first supply

TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing of etanercept under the Pharmaceutical Benefits Scheme (PBS) for patients under 18 years with severe chronic plaque psoriasis.

Applications for treatment of this condition will be limited to provide patients with a maximum of 24 weeks of therapy per course of treatment. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment. Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

(i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or

(ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

For psoriasis affecting the whole body:

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

For psoriasis affecting the face, hand or foot:

Patients are eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the three subscores are rated severe to very severe; OR

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Applications for approval for completion of a course

Applications for a further 8 weeks of treatment to allow for completion of 24 weeks of therapy should be submitted with a PASI assessment.

The PASI assessment must be conducted after at least 12 weeks of treatment.

This assessment must be submitted to Department of Human Services (the Department) within 1 month of the completion of 12 weeks of treatment. Where a response assessment is not undertaken and submitted to the Department within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call the Department on 1800 700 270 to discuss.

(4) Baseline measurements to determine response.

The Department will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months , must requalify for treatment under the initial treatment restriction. The most recent PASI assessment must be no more than 1 month old at the time of application.

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received insufficient therapy under the Initial treatment (whole body) restriction for severe chronic plaque psoriasis to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy under the Re-treatment (whole body) restriction for severe chronic plaque psoriasis to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:

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

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment or Re-treatment (Whole body) - completion of course

TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing of etanercept under the Pharmaceutical Benefits Scheme (PBS) for patients under 18 years with severe chronic plaque psoriasis.

Applications for treatment of this condition will be limited to provide patients with a maximum of 24 weeks of therapy per course of treatment. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment. Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

(i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or

(ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

For psoriasis affecting the whole body:

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

For psoriasis affecting the face, hand or foot:

Patients are eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the three subscores are rated severe to very severe; OR

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Applications for approval for completion of a course

Applications for a further 8 weeks of treatment to allow for completion of 24 weeks of therapy should be submitted with a PASI assessment.

The PASI assessment must be conducted after at least 12 weeks of treatment.

This assessment must be submitted to Department of Human Services (the Department) within 1 month of the completion of 12 weeks of treatment. Where a response assessment is not undertaken and submitted to the Department within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call the Department on 1800 700 270 to discuss.

(4) Baseline measurements to determine response.

The Department will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months , must requalify for treatment under the initial treatment restriction. The most recent PASI assessment must be no more than 1 month old at the time of application.

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received 16 weeks treatment under the Initial treatment (whole body) restriction for severe chronic plaque psoriasis; OR
- Patient must have received 16 weeks treatment under the Re-treatment (whole body) restriction for severe chronic plaque psoriasis, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, when compared with the pre-etanercept treatment baseline value.

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

(a) a completed authority prescription form; and

(b) the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of assessment of the patient's condition.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

A PASI assessment of the patient's response to the initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for a further 8 weeks of treatment, must be submitted no later than 1 month from the date of completion of this initial course of 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 etanercept.

Note It is recommended that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their initial 16 week treatment course to ensure continuity of treatment for those patients who meet the eligibility criterion for a further 8 weeks of PBS-subsidised etanercept treatment.

Note In circumstances where it is not possible to submit a response assessment after 12 weeks of treatment, please call the Department of Human Services on 1800 700 270 to discuss.

Note The Department of Human Services will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Re-treatment (Whole body)

TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing of etanercept under the Pharmaceutical Benefits Scheme (PBS) for patients under 18 years with severe chronic plaque psoriasis.

Applications for treatment of this condition will be limited to provide patients with a maximum of 24 weeks of therapy per course of treatment. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment. Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

(i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or

(ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

For psoriasis affecting the whole body:

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

For psoriasis affecting the face, hand or foot:

Patients are eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the three subscores are rated severe to very severe; OR

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Applications for approval for completion of a course

Applications for a further 8 weeks of treatment to allow for completion of 24 weeks of therapy should be submitted with a PASI assessment.

The PASI assessment must be conducted after at least 12 weeks of treatment.

This assessment must be submitted to Department of Human Services (the Department) within 1 month of the completion of 12 weeks of treatment. Where a response assessment is not undertaken and submitted to the Department within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances

where it is not possible to submit a response assessment within these timeframes, please call the Department on 1800 700 270 to discuss.

(4) Baseline measurements to determine response.

The Department will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months , must requalify for treatment under the initial treatment restriction. The most recent PASI assessment must be no more than 1 month old at the time of application.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the whole body, **AND**
- Patient must have received prior PBS-subsidised treatment with etanercept for this condition in the past 12 months, **AND**
- Patient must have demonstrated a response to etanercept and experienced a disease flare; OR
- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

A patient is eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis in Patients Less Than 18 Years PBS Authority Application - Supporting Information which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior etanercept treatment, including date ceased.

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.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment (Face, hand, foot)

TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing of etanercept under the Pharmaceutical Benefits Scheme (PBS) for patients under 18 years with severe chronic plaque psoriasis.

Applications for treatment of this condition will be limited to provide patients with a maximum of 24 weeks of therapy per course of treatment. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment. Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

(i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or

(ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

For psoriasis affecting the whole body:

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

For psoriasis affecting the face, hand or foot:

Patients are eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the three subscores are rated severe to very severe; OR

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Applications for approval for completion of a course

Applications for a further 8 weeks of treatment to allow for completion of 24 weeks of therapy should be submitted with a PASI assessment.

The PASI assessment must be conducted after at least 12 weeks of treatment.

This assessment must be submitted to Department of Human Services (the Department) within 1 month of the completion of 12 weeks of treatment. Where a response assessment is not undertaken and submitted to the Department within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call the Department on 1800 700 270 to discuss.

(4) Baseline measurements to determine response.

The Department will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months , must requalify for treatment under the initial treatment restriction. The most recent PASI assessment must be no more than 1 month old at the time of application.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age and a parent or authorised guardian must have signed a patient acknowledgement.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received any prior PBS-subsidised treatment with etanercept for this condition; OR
- Patient must not have received any PBS-subsidised treatment with etanercept for this condition for at least 12 months, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; and/or (iii)acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis in Patients Less Than 18 Years PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and face, hand, foot area diagrams including the dates of assessment of the patient's condition

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and

(iii) the parent or authorised guardian signed patient and prescriber acknowledgements.

Where a patient has had a 12 month treatment break, the length of the break is measured from the date the most recent treatment was stopped to the date of the application to re-commence treatment.

Note Details of acceptable toxicities including severity, associated with phototherapy, methotrexate and acitretin, can be found on the Department of Human Services website at www.humanservices.gov.au

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment of Re-treatment (Face, hand, foot) - balance of first supply

TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing of etanercept under the Pharmaceutical Benefits Scheme (PBS) for patients under 18 years with severe chronic plaque psoriasis.

Applications for treatment of this condition will be limited to provide patients with a maximum of 24 weeks of therapy per course of treatment. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment. Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

(i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or

(ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

For psoriasis affecting the whole body:

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

For psoriasis affecting the face, hand or foot:

Patients are eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the three subscores are rated severe to very severe; OR

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Applications for approval for completion of a course

Applications for a further 8 weeks of treatment to allow for completion of 24 weeks of therapy should be submitted with a PASI assessment.

The PASI assessment must be conducted after at least 12 weeks of treatment.

This assessment must be submitted to Department of Human Services (the Department) within 1 month of the completion of 12 weeks of treatment. Where a response assessment is not undertaken and submitted to the Department within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances

where it is not possible to submit a response assessment within these timeframes, please call the Department on 1800 700 270 to discuss.

(4) Baseline measurements to determine response.

The Department will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months , must requalify for treatment under the initial treatment restriction. The most recent PASI assessment must be no more than 1 month old at the time of application.

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received insufficient therapy under the Initial treatment (Face, hand, foot) restriction for severe chronic plaque psoriasis to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy under the Re-treatment (Face, hand, foot) restriction for severe chronic plaque psoriasis to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:

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

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment or Re-treatment (Face, hand, foot) - completion of course

TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing of etanercept under the Pharmaceutical Benefits Scheme (PBS) for patients under 18 years with severe chronic plaque psoriasis.

Applications for treatment of this condition will be limited to provide patients with a maximum of 24 weeks of therapy per course of treatment. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment. Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

(i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or

(ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

For psoriasis affecting the whole body:

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

For psoriasis affecting the face, hand or foot:

Patients are eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the three subscores are rated severe to very severe; OR

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Applications for approval for completion of a course

Applications for a further 8 weeks of treatment to allow for completion of 24 weeks of therapy should be submitted with a PASI assessment.

The PASI assessment must be conducted after at least 12 weeks of treatment.

This assessment must be submitted to Department of Human Services (the Department) within 1 month of the completion of 12 weeks of treatment. Where a response assessment is not undertaken and submitted to the Department within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call the Department on 1800 700 270 to discuss.

(4) Baseline measurements to determine response.

The Department will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months , must requalify for treatment under the initial treatment restriction. The most recent PASI assessment must be no more than 1 month old at the time of application.

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received 16 weeks treatment under the Initial treatment (Face, hand, foot) restriction for severe chronic plaque psoriasis; OR
- Patient must have received 16 weeks treatment under the Re-treatment (Face, hand, foot) restriction for severe chronic plaque psoriasis, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

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

(a) a completed authority prescription form; and

(b) the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of assessment of the patient's condition.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

A PASI assessment of the patient's response to the initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for a further 8 weeks of treatment, must be submitted no later than 1 month from the date of completion of this initial course of 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 etanercept.

Note It is recommended that an application is posted to the Department of Human Services no later than 2 weeks prior to the patient completing their initial 16 week treatment course to ensure continuity of treatment for those patients who meet the eligibility criterion for a further 8 weeks of PBS-subsidised etanercept treatment.

Note In circumstances where it is not possible to submit a response assessment after 12 weeks of treatment, please call the Department of Human Services on 1800 700 270 to discuss.

Note The Department of Human Services will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Re-treatment (Face, hand, foot)

TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing of etanercept under the Pharmaceutical Benefits Scheme (PBS) for patients under 18 years with severe chronic plaque psoriasis.

Applications for treatment of this condition will be limited to provide patients with a maximum of 24 weeks of therapy per course of treatment. A maximum of 16 weeks treatment with etanercept will be authorised for the primary application. The balance, a further 8 weeks treatment, will be authorised if the submitted Psoriasis Area and Severity Index (PASI) assessment demonstrates an adequate response to treatment. Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Once a patient has failed to respond to treatment 2 times, they must have, at a minimum, a 12 month break. The length of a treatment break is measured from the date the most recent treatment was stopped to the date of the first application for initial treatment.

There are separate restrictions for treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made for patients who have received no prior PBS-subsidised biological treatment and wish to commence such therapy.

(2) Applications for approval for re-treatment.

Applications for re-treatment with etanercept should be made in the following situations:

(i) a patient who has received prior PBS-subsidised etanercept and experiences a disease flare, and wishes to start a second or subsequent treatment course with etanercept following a break of less than 12 months in PBS-subsidised therapy; or

(ii) a patient who has received and failed to respond to prior PBS-subsidised etanercept and wishes to start a second or subsequent treatment course following a break of less than 12 months in PBS-subsidised therapy.

For psoriasis affecting the whole body:

Patients are eligible for re-treatment due to disease flare if there is a 50% or greater change in the patients PASI score or the patient has a current PASI score of greater than 15, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

For psoriasis affecting the face, hand or foot:

Patients are eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the three subscores are rated severe to very severe; OR

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

(3) Applications for approval for completion of a course

Applications for a further 8 weeks of treatment to allow for completion of 24 weeks of therapy should be submitted with a PASI assessment.

The PASI assessment must be conducted after at least 12 weeks of treatment.

This assessment must be submitted to Department of Human Services (the Department) within 1 month of the completion of 12 weeks of treatment. Where a response assessment is not undertaken and submitted to the Department within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call the Department on 1800 700 270 to discuss.

(4) Baseline measurements to determine response.

The Department will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for etanercept. However, prescribers may provide new baseline measurements any time that an initial or re-treatment authority is submitted and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

(5) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment course with etanercept following a break in PBS-subsidised etanercept therapy of at least 12 months , must requalify for treatment under the initial treatment restriction. The most recent PASI assessment must be no more than 1 month old at the time of application.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, **AND**
- Patient must have received prior PBS-subsidised treatment with etanercept for this condition in the past 12 months, **AND**
- Patient must have demonstrated a response to etanercept and experienced a disease flare; OR
- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

A patient is eligible for re-treatment due to disease flare if:

(i) all subscores are rated moderate to severe or 2 of the 3 subscores are rated severe to very severe; or

(ii) the skin area affected is a 50% or greater change or the area affected is 30% or more of the face, palm of a hand or sole of a foot, compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis in Patients Less Than 18 Years PBS Authority Application - Supporting Information which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area digrams including the dates of assessment of the patient's condition; and

(ii) details of prior etanercept treatment, including date ceased.

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.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

1964J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1049.69	40.30	Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

1954W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1049.71	40.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

1963H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1049.69	40.30	Enbrel [PF]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab or vedolizumab at any one time.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, golimumab, infliximab and vedolizumab only.
From 1 June 2018, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, golimumab, infliximab or vedolizumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab, vedolizumab treatment prior to 1 June 2018 is considered to start their first cycle as of 1 June 2018. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle.
The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, golimumab, infliximab or vedolizumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of either adalimumab, golimumab, infliximab or vedolizumab in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
(1) How to prescribe PBS-subsidised treatment with adalimumab, golimumab, infliximab and vedolizumab after 1 June 2018.
(a) Initial treatment. Applications for initial treatment should be made where:
(i) an adult patient has received no prior PBS-subsidised treatment with adalimumab, golimumab, infliximab or vedolizumab in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) an adult patient has received prior PBS-subsidised (initial or continuing) adalimumab, golimumab, infliximab or vedolizumab therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to re-commence treatment with adalimumab, golimumab, infliximab or vedolizumab following a break in PBS-subsidised therapy with the same agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
Treatment authorisations under Initial 1 and Initial 2 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab. For second and subsequent courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with adalimumab, golimumab, infliximab or vedolizumab a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised treatment is approved, a patient may swap if eligible to the alternate adalimumab, golimumab, infliximab or vedolizumab treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy. A patient may trial an alternate treatment at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, golimumab, infliximab or vedolizumab at the time of the application. However, they cannot swap to a particular therapy if they have failed to respond to prior treatment with that drug once within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab therapy of at least 5 years, must requalify for initial 1 treatment with respect to the scores of disease severity. A patient must have received treatment with a 5-aminosalicylate oral preparation in a standard dose for induction of remission for a minimum of 3 consecutive months, and, either azathioprine or 6-mercaptopurine for a minimum of 3 consecutive months or a tapered course of oral steroids over a 6 week period followed by an appropriately dosed thiopurine agent for a minimum of 3 consecutive months (unless intolerance develops necessitating permanent treatment withdrawal to these agents). These above prior treatments must have been received immediately prior to the time the scores of disease severity being used to trial a second or subsequent course are measured.
(4) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.
A patient who commenced treatment with golimumab for moderate to severe ulcerative colitis prior to 1 June 2018 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

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

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting 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

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply for Initial 1 and Initial 2

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); OR
- Patient must have received insufficient therapy with this drug under the Initial 2 restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10).

Population criteria:

- Patient must be aged 18 years or older.

golimumab 100 mg/mL injection, 1 mL pen device

11502J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1251.71	40.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.

Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

Infliximab and etanercept patients:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate

biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11375Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1299.98	40.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3428K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1299.98	40.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab or vedolizumab at any one time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, golimumab, infliximab and vedolizumab only.

From 1 June 2018, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, golimumab, infliximab or vedolizumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab, vedolizumab treatment prior to 1 June 2018 is considered to start their first cycle as of 1 June 2018. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, golimumab, infliximab or vedolizumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of either adalimumab, golimumab, infliximab or vedolizumab in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

(1) How to prescribe PBS-subsidised treatment with adalimumab, golimumab, infliximab and vedolizumab after 1 June 2018.

(a) Initial treatment. Applications for initial treatment should be made where:

(i) an adult patient has received no prior PBS-subsidised treatment with adalimumab, golimumab, infliximab or vedolizumab in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) an adult patient has received prior PBS-subsidised (initial or continuing) adalimumab, golimumab, infliximab or vedolizumab therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to re-commence treatment with adalimumab, golimumab, infliximab or vedolizumab following a break in PBS-subsidised therapy with the same agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
Treatment authorisations under Initial 1 and Initial 2 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab. For second and subsequent courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with adalimumab, golimumab, infliximab or vedolizumab a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised treatment is approved, a patient may swap if eligible to the alternate adalimumab, golimumab, infliximab or vedolizumab treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy. A patient may trial an alternate treatment at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, golimumab, infliximab or vedolizumab at the time of the application. However, they cannot swap to a particular therapy if they have failed to respond to prior treatment with that drug once within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab therapy of at least 5 years, must requalify for initial 1 treatment with respect to the scores of disease severity. A patient must have received treatment with a 5-aminosalicylate oral preparation in a standard dose for induction of remission for a minimum of 3 consecutive months, and, either azathioprine or 6-mercaptopurine for a minimum of 3 consecutive months or a tapered course of oral steroids over a 6 week period followed by an appropriately dosed thiopurine agent for a minimum of 3 consecutive months (unless intolerance develops necessitating permanent treatment withdrawal to these agents). These above prior treatments must have been received immediately prior to the time the scores of disease severity being used to trial a second or subsequent course are measured.
(4) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.
A patient who commenced treatment with golimumab for moderate to severe ulcerative colitis prior to 1 June 2018 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR

- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

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

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(iii) the signed patient acknowledgement.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 1 month old at the time of application.

Patients who fail to achieve a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 or have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose for patients administered doses at weeks 0, 2, 6 and 10 so that there is adequate time for a response to be demonstrated.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior conventional treatment.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

Patients must have signed a patient acknowledgement indicating they understand and acknowledge that the PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

Note Details of accepted toxicities including severity can be found on the Department of Human Services website at www.humanservices.gov.au.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with adalimumab, golimumab, infliximab or vedolizumab for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with golimumab for this condition in the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of this drug within the timelines specified in the relevant restriction. If the response assessment to the previous course of this drug is not submitted as detailed in the relevant restriction, the patient will be deemed to have failed therapy with this drug.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

Application for authorisation of change or recommencement treatment must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) Mayo clinical assessment (to demonstrate response to prior treatment).

golimumab 100 mg/mL injection, 1 mL pen device

11382C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3695.32	40.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis. Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

All applications for continuing treatment with this drug must include a measurement of response to the prior course of therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with this drug. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment – balance of supply

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11376R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1299.98	40.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3436W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1299.98	40.30	Simponi [JC]

▪ GOLIMUMAB

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this drug is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 1-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

When a patient has either failed or ceased to respond to treatment with this drug for this condition twice, they must have, at a minimum, a 5-year break in PBS-subsidised treatment with this drug for this condition before they are eligible to re-commence under the Initial 1 - New patient or recommencement after a break of more than 5 years.

The 5-year break is measured from the approved date of the last prescription for PBS-subsidised treatment with this drug for this condition to the date of the first application for initial treatment under the Initial 1 restriction.

A patient who has failed treatment with this drug for this condition fewer than twice and who has a break in therapy of less than 5 years may re-commence a further course of treatment with this drug for this condition under the Initial 2 - Re-commencement of treatment after a break of less than 5 years.

The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

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

(a) a completed authority prescription form; and

(b) a completed Non-radiographic axial spondyloarthritis PBS Authority Application - Supporting Information including evidence of adequate response to therapy with PBS-subsidised golimumab.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment 3 (grandfathered patient)

Clinical criteria:

- Patient must have previously received non-PBS subsidised therapy with this drug for this condition prior to 1 December 2018, **AND**
- Patient must have demonstrated an adequate response to non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that was relieved by exercise but not rest, prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have had failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27); prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**

- The condition must have been sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have had presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have had BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must have been demonstrated prior to initiation of non PBS subsidised treatment with this drug for this condition:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initiating non-PBS subsidised treatment with this drug for this condition.

CRP measurement must be provided with the initial treatment application and must be no more than 1 month old at the time of initiating non-PBS subsidised treatment with this drug for this condition.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

An adequate response to therapy with this drug is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 1-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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

(a) a completed authority prescription form; and

(b) a completed Non-radiographic axial spondyloarthritis Grandfathered PBS Authority Application - Supporting Information Form which must include the following:

(i) a copy of the radiological report confirming the absence of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis; and

(ii) evidence of failure to achieve an adequate response to NSAIDs prior to initiating non-PBS subsidised golimumab for this condition ; and

(iii) evidence of an adequate response to therapy with non-PBS subsidised golimumab for this condition following a minimum of 12 weeks of treatment with this drug for this condition; and

(iv) a copy of the MRI report; and

(v) details of the NSAIDs trialled, their doses and duration of treatment or the reason a higher dose cannot be used where the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information or details of the contraindication according to the relevant TGA-approved Product Information.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing and Grandfathered treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 3 (grandfathered patient) restriction to complete 24 weeks of treatment; OR

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11521J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1299.98	40.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

11516D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1299.98	40.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for

permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of

more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the

date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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
Applications for authority to prescribe should be forwarded to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11372M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1299.98	40.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3426H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1299.98	40.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or

(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment

to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**

- Patient must have received this drug as their most recent course of PBS-subsidised treatment with a biological agent for this condition in the current Treatment Cycle, **AND**
- Patient must demonstrate, at the time of application, an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

All applications for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with this drug, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Where a response assessment is not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11373N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1299.98	40.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3432P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1299.98	40.30	Simponi [JC]

▪ GOLIMUMAB

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment 1 (New patients or recommencement after a break of more than 5 years)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with this drug for this condition in the last 5 years or more, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

CRP measure must be provided with the initial treatment application and must be no more than 1 month old at the time of application.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

When a patient has either failed or ceased to respond to treatment with this drug for this condition twice, they must have, at a minimum, a 5-year break in PBS-subsidised treatment with this drug for this condition before they are eligible to re-commence under the Initial 1 - New patient or recommencement after a break of more than 5 years.

The 5-year break is measured from the approved date of the last prescription for PBS-subsidised treatment with this drug for this condition to the date of the first application for initial treatment under the Initial 1 restriction.

A patient who has failed treatment with this drug for this condition fewer than twice and who has a break in therapy of less than 5 years may re-commence a further course of treatment with this drug for this condition under the Initial 2 - Re-commencement of treatment after a break of less than 5 years.

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

(a) a completed authority prescription form; and

(b) a completed Non-radiographic axial spondyloarthritis initial PBS Authority Application - Supporting Information Form which must include the following:

(i) a copy of the radiological report confirming the absence of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a copy of C-reactive protein (CRP) test result which must not be more than 1 month old at the time of application ; and

(iv) a completed Exercise Program Self Certification Form included in the supporting information form; and

(v) a copy of the MRI report; and

(vi) details of the NSAIDs trialled, their doses and duration of treatment or the reason a higher dose cannot be used where the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information or details of the contraindication according to the relevant TGA-approved Product Information

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment 2 (Re-commencement of treatment after a break of less than 5 years)

Clinical criteria:

- Patient must have a documented history of non-radiographic axial spondyloarthritis, **AND**
- Patient must have received prior PBS-subsidised treatment with this drug for this condition within the last five years, **AND**
- Patient must not have failed PBS-subsidised treatment with this drug for this condition more than once within the last five years, **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must be accompanied by BASDAI and CRP results of the most recent course of treatment with this drug for this condition within the last 5 years to demonstrate a response to treatment. The results must be conducted following a minimum of 12 weeks of treatment.

When a patient has either failed or ceased to respond to treatment with this drug for this condition twice, they must have, at a minimum, a 5-year break in PBS-subsidised treatment with this drug for this condition before they are eligible to re-commence under the Initial 1 - New patient or recommencement after a break of more than 5 years.

The 5-year break is measured from the approved date of the last prescription for PBS-subsidised treatment with this drug for this condition to the date of the first application for initial treatment under the Initial 1 restriction.

A patient who has failed treatment with this drug for this condition fewer than twice and who has a break in therapy of less than 5 years may re-commence a further course of treatment with this drug for this condition under the Initial 2 - Re-commencement of treatment after a break of less than 5 years.

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

(a) a completed authority prescription form; and

(b) a completed Non-radiographic axial spondyloarthritis PBS Authority Application - Supporting Information Form including:

1. a completed BASDAI Assessment Form; and
2. a copy of C-reactive protein (CRP) test result

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment 1 and 2 - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (New patients or recommencement after a break of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (Re-commencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11538G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1299.98	40.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

11560K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1299.98	40.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patients)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received any PBS-subsidised treatment with either adalimumab, certolizumab pegol, etanercept, golimumab, infliximab or secukinumab in this treatment cycle, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which must include the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) a signed patient acknowledgment.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) was approved in this cycle and the date of the first application under a new cycle.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

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Authority required

Ankylosing spondylitis

Treatment Phase: Initial 2 (change or recommencement for all patients)

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received prior PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- Patient must be eligible to receive further bDMARD therapy.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Where the most recent course of PBS-subsidised bDMARD treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to the Department of Human Services no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment – Initial 1 (new patients) or Initial 2 (change or recommencement for all patients) – balance of supply

Clinical criteria:

- Patient must have active, or a documented history of active, ankylosing spondylitis, **AND**
- Patient must have received insufficient therapy with this drug under the Initial 1 (new patients) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement for all patients) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:

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

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11361Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1299.98	40.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3434R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1299.98	40.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab or vedolizumab at any one time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, golimumab, infliximab and vedolizumab only.

From 1 June 2018, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, golimumab, infliximab or vedolizumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab, vedolizumab treatment prior to 1 June 2018 is considered to start their first cycle as of 1 June 2018. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, golimumab, infliximab or vedolizumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of either adalimumab, golimumab, infliximab or vedolizumab in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

(1) How to prescribe PBS-subsidised treatment with adalimumab, golimumab, infliximab and vedolizumab after 1 June 2018.

(a) Initial treatment. Applications for initial treatment should be made where:

(i) an adult patient has received no prior PBS-subsidised treatment with adalimumab, golimumab, infliximab or vedolizumab in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) an adult patient has received prior PBS-subsidised (initial or continuing) adalimumab, golimumab, infliximab or vedolizumab therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to re-commence treatment with adalimumab, golimumab, infliximab or vedolizumab following a break in PBS-subsidised therapy with the same agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).

Treatment authorisations under Initial 1 and Initial 2 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab. For second and subsequent courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with adalimumab, golimumab, infliximab or vedolizumab a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised treatment is approved, a patient may swap if eligible to the alternate adalimumab, golimumab, infliximab or vedolizumab treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy. A patient may trial an alternate treatment at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, golimumab, infliximab or vedolizumab at the time of the application. However, they cannot swap to a particular therapy if they have failed to respond to prior treatment with that drug once within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(3) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised adalimumab, golimumab, infliximab or vedolizumab therapy of at least 5 years, must requalify for initial 1 treatment with respect to the scores of disease severity. A patient must have received treatment with a 5-aminosalicylate oral preparation in a standard dose for induction of remission for a minimum of 3 consecutive months, and, either azathioprine or 6-mercaptopurine for a minimum of 3 consecutive months or a tapered course of oral steroids over a 6 week period followed by an appropriately

dosed thiopurine agent for a minimum of 3 consecutive months (unless intolerance develops necessitating permanent treatment withdrawal to these agents). These above prior treatments must have been received immediately prior to the time the scores of disease severity being used to trial a second or subsequent course are measured.
(4) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.
A patient who commenced treatment with golimumab for moderate to severe ulcerative colitis prior to 1 June 2018 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

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

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Population criteria:

- Patient must be 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting 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

Moderate to severe ulcerative colitis

Treatment Phase: Initial 3 (Grandfathered patients)

Clinical criteria:

- Patient must have previously received non-PBS-subsidised therapy with this drug for this condition prior to 1 June 2018, **AND**
- Patient must have had a Mayo clinic score greater than or equal to 6 prior to commencing treatment with this drug; OR
- Patient must have had a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores were both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo score) prior to commencing treatment with this drug; OR
- Patient must have a documented history of moderate to severe refractory ulcerative colitis prior to having commenced treatment with this drug where a Mayo clinic, partial Mayo clinic baseline assessment is not available, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 after receiving doses of this drug at weeks 0, 2, 6 and 10 for this condition.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

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

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed baseline Mayo clinic or partial Mayo clinic calculation sheet prior to initiating treatment (if available) and current Mayo clinic or partial Mayo clinic calculation sheet to demonstrate response, including the date of assessment;

(ii) If the baseline Mayo or partial Mayo clinic calculation is not available, reason must be provided;

(iii) the date of commencement of this drug; and

(iv) the signed patient acknowledgement.

The current Mayo clinic or partial Mayo clinic assessment must be no more than 1 month old at the time of application. The baseline assessment must be from immediately prior to commencing treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

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

Where a grandfather patient has received all four doses at weeks, 0, 2, 6 and 10 by 1 June 2018, one completed authority prescription should be submitted with the application for this drug, specifying a quantity of 1 injection of 100 mg and up to 5 repeats.

Where a grandfather patient has not received doses at weeks 2, 6 and 10 by 1 June 2018, one completed authority prescription should be submitted with the application for this drug specifying a quantity of 1 injection of 100 mg and 2 repeats.

Where a grandfather patient has not received doses at weeks 6 and 10 by 1 June 2018, one completed authority prescription should be submitted with the application for this drug specifying a quantity of 1 injection of 100 mg and 1 repeat.

Where a grandfather patient has not received the dose at week 10 by 1 June 2018, one completed authority prescription should be submitted with the application for this drug specifying a quantity of 1 injection of 100 mg and 0 repeats.

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Note The patient must have signed a patient acknowledgement indicating they understand and acknowledge that the PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing 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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply for Continuing treatment and Initial 3 (Grandfathered patients)

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment; OR
- Patient must have received insufficient treatment with this drug to complete 24 weeks of treatment under the Initial 3 (Grandfathered patients).

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 100 mg/mL injection, 1 mL pen device

11381B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1251.71	40.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that

they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more)

Clinical criteria:

- Patient must have severe active psoriatic arthritis, **AND**
- Patient must have received no prior PBS-subsidised treatment with a biological agent for this condition; OR
- Patient must have received no PBS-subsidised treatment with a biological agent for at least 5 years if they have previously received PBS-subsidised treatment with a biological agent for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 2 (change or recommencement of treatment)

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological agents within this Treatment Cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug during the current Treatment Cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Applications for a patient who has previously received PBS-subsidised treatment with this drug within this Treatment Cycle and who wishes to recommence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug.

Where the most recent course of PBS-subsidised treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must have been submitted no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment submitted no later than 4 weeks from the date that course was ceased.

Where a response assessment was not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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

Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) or Initial 2 (change or recommencement of treatment) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11365E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1299.98	40.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3430M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1299.98	40.30	Simponi [JC]

Interleukin inhibitors

▪ GUSELKUMAB

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.

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than

5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological

medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete a maximum of 20 weeks of treatment may be requested by telephone by contacting 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

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Whole body, Grandfathered patients

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have received non-PBS subsidised therapy with this drug for this condition prior to 1 February 2019, **AND**
- Patient must have had a Psoriasis Area and Severity Index (PASI) score of greater than 15 prior to commencing treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment as specified in the criterion included in the restriction for continuing PBS-subsidised treatment with this drug for this condition (whole body), **AND**
- Patient must have demonstrated an adequate response following at least 12 weeks of non-PBS subsidised treatment with this drug for this condition, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed Psoriasis Area and Severity Index (PASI) calculation sheets including the date of the assessment of the patient's condition at baseline (prior to initiation of non-PBS subsidised therapy with this drug) and the most recent PASI assessment; and

(ii) the completed PASI calculation sheet demonstrating response.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Face, hand, foot, Grandfathered patients

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have received non-PBS subsidised therapy with this drug for this condition prior to 1 February 2019, **AND**
- Patient must have had disease, prior to treatment with this drug for this condition, classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling were rated as severe or very severe; or (ii) the skin area affected was 30% or more of the face, palm of a hand or sole of a foot, **AND**
- Patient must have demonstrated an adequate response following at least 12 weeks of non-PBS subsidised treatment with this drug for this condition, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment must be performed on the same affected area as assessed at baseline or prior to initiation of treatment with this drug.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the date of the assessment of the patient's condition at baseline (prior to initiation of therapy with this drug) and the most recent PASI assessment.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot or Grandfathered patients - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Grandfathered treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Grandfathered treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

guselkumab 100 mg/mL injection, 1 mL syringe

11614G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3786.74	40.30	Tremfya [JC]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than

5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological

medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11033Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3412.12	40.30	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(4) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break in therapy of 5 years or more)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition in the previous 5 years, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was issued in this cycle and the date of the first application under a new cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be conducted no later than 1 month from the date of completion of this initial course of treatment.

Where the most recent course of PBS-subsidised treatment with this drug was accessed under the continuing treatment restriction, the patient must have been assessed for response, and the assessment conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was issued in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after more than 5 years break in therapy) or Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or recommencement of treatment after more than 5 years break in therapy) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting 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

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (Grandfather patients)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 March 2019, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have demonstrated an adequate response following at least 12 weeks of non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all continuing treatment applications.

The assessment of the patient's response to this PBS-subsidised course of therapy must be conducted no later than 4 weeks from the cessation of the treatment course.

Where an assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond, or to have failed to sustain a response to treatment with this drug.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) the date of commencement of this drug; and

(4) results of the baseline patient assessment prior to initiation of non-PBS subsidised therapy with this drug.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all continuing treatment applications.

An application for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. This assessment must be conducted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with this drug, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was issued in this cycle and the date of the first application under a new cycle.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment or Grandfathered patients - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Grandfathered treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Population criteria:

- Patient must be aged 18 years or older.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11623R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3412.12	40.30	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and

wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of

disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent

course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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

Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11032P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	3412.12	40.30	Taltz [LY]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.

It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

Grandfather patients (guselkumab only).

A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Grandfather patients (tildrakizumab only).

A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.

To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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 Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting 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

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10494H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1586.67	40.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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

Ankylosing spondylitis

Treatment Phase: Initial treatment – Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) or Initial 2 (change or recommencement of treatment after a break of less than 5 years) - balance of supply

Clinical criteria:

- Patient must have active, or had a documented history of active ankylosing spondylitis, **AND**
- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the initial 1 or 2 restrictions.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

secukinumab 150 mg/mL injection, 1 mL pen device

10893H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	804.98	40.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or

(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or

(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Grandfather patients (ixekizumab only).

A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction. A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) or Initial 2 (change or recommencing treatment after a break of less than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete maximum of 16 weeks of treatment; OR

- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencing treatment after a break of less than 5 years) restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10901R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1586.67	40.30	Cosentyx [NV]

secukinumab 150 mg/mL injection, 1 mL pen device

10898N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	804.98	40.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.

It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

Grandfather patients (guselkumab only).

A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather

treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10425Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1586.67	40.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological

therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised treatment with a biological agent for this condition in the current Treatment Cycle, **AND**
- Patient must demonstrate, at the time of application, an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

All applications for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with this drug, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Where a response assessment is not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to

Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10899P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1586.67	40.30	Cosentyx [NV]

secukinumab 150 mg/mL injection, 1 mL pen device

10895K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	804.98	40.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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
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 quantity or number of units may be authorised.

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

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment – initial 1 (new patients or patients recommencing treatment after a break of 5 years or more)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received any PBS-subsidised treatment with either adalimumab, certolizumab pegol, etanercept, golimumab, infliximab or secukinumab in this treatment cycle, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which must include the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) a signed patient acknowledgment.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) was approved in this cycle and the date of the first application under a new cycle.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencing treatment after a break of less than 5 years)

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received prior PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- Patient must be eligible to receive further bDMARD therapy.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Where the most recent course of PBS-subsidised bDMARD treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to the Department of Human Services no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under a new cycle.

secukinumab 150 mg/mL injection, 1 mL pen device

10890E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*3173.19	40.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they

are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more)

Clinical criteria:

- Patient must have severe active psoriatic arthritis, **AND**
- Patient must have received no prior PBS-subsidised treatment with a biological agent for this condition; OR
- Patient must have received no PBS-subsidised treatment with a biological agent for at least 5 years if they have previously received PBS-subsidised treatment with a biological agent for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: initial treatment - Initial 2 (change or recommencing treatment after a break of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological agents within this Treatment Cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug during the current Treatment Cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Applications for a patient who has previously received PBS-subsidised treatment with this drug within this Treatment Cycle and who wishes to recommence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug.

Where the most recent course of PBS-subsidised treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must have been submitted no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment submitted no later than 4 weeks from the date that course was ceased.

Where a response assessment was not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Note Any queries concerning the arrangements to prescribe this drug 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 this drug should be forwarded to:
Department of Human Services
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10894J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*6194.23	40.30	Cosentyx [NV]

secukinumab 150 mg/mL injection, 1 mL pen device

10900Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*3173.19	40.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab for adult patients with ankylosing spondylitis.
Where the term "biological medicine" appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 6 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab and secukinumab.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(iii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent. (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years)
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(b) Continuing treatment.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is

submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial 1 treatment with respect to the indices of disease severity. A patient must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

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

Ankylosing spondylitis

Treatment Phase: Initial 3 (grandfather treatment)

Clinical criteria:

- Patient must have confirmed ankylosing spondylitis, defined radiographically (plain X-ray) of Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, with the diagnosis confirmed by a rheumatologist, **AND**
- Patient must have been receiving treatment with this drug for this condition prior to 1 October 2016, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

The baseline BASDAI assessment must be from immediately prior to commencing treatment with this drug. The patient's current BASDAI assessment and ESR and/or CRP measurements must be no more than 1 month old at the time of application. Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form; and

(c) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(d) a completed BASDAI Assessment Form; and

(e) a signed patient acknowledgment form;

(f) the date commencement of this drug;

(g) results of the baseline BASDAI assessment prior to commencing treatment with this drug.

Patients may qualify for PBS-subsidised treatment under this restriction once only. Further applications for treatment with this drug will be assessed under the continuing treatment restriction.

Note The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Note Special Pricing Arrangements apply.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

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

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

All applications for continuing treatment with this drug must include a measurement of response to the prior course of therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with this drug. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under a new cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 3 or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have a documented history of active ankylosing spondylitis, **AND**
- Patient must have received insufficient therapy with this drug under the initial 3 treatment restriction to complete 24 weeks of treatment, **AND**
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written application for authority approval for sufficient therapy to complete a maximum of 24 weeks of treatment should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

secukinumab 150 mg/mL injection, 1 mL pen device

10906B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	804.98	40.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.

It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

Grandfather patients (guselkumab only).

A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Grandfather patients (tildrakizumab only).

A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10910F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*6194.23	40.30	Cosentyx [NV]

▪ TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.

It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

Grandfather patients (guselkumab only).

A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that

apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Whole body, Grandfathered patients

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have received non-PBS subsidised therapy with this drug for this condition prior to 1 February 2019, **AND**
- Patient must have had a Psoriasis Area and Severity Index (PASI) score of greater than 15 prior to commencing treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment as specified in the criterion included in the restriction for continuing PBS-subsidised treatment with this drug for this condition (whole body), **AND**
- Patient must have demonstrated an adequate response following at least 12 weeks of non-PBS subsidised treatment with this drug for this condition, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed Psoriasis Area and Severity Index (PASI) calculation sheets including the date of the assessment of the patient's condition at baseline (prior to initiation of non-PBS subsidised therapy with this drug) and the most recent PASI assessment; and

(ii) the completed PASI calculation sheet demonstrating response.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Face, hand, foot, Grandfathered patients

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have received non-PBS subsidised therapy with this drug for this condition prior to 1 February 2019, **AND**
- Patient must have had disease, prior to treatment with this drug for this condition, classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling were rated as severe or very severe; or (ii) the skin area affected was 30% or more of the face, palm of a hand or sole of a foot, **AND**
- Patient must have demonstrated an adequate response following at least 12 weeks of non-PBS subsidised treatment with this drug for this condition, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment must be performed on the same affected area as assessed at baseline or prior to initiation of treatment with this drug.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the date of the assessment of the patient's condition at baseline (prior to initiation of therapy with this drug) and the most recent PASI assessment.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot or Grandfathered patients - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Grandfathered treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Grandfathered treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tildrakizumab 100 mg/mL injection, 1 mL syringe

11613F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3262.17	40.30	Ilumya [RA]

▪ TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological

medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

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
Applications for authority to prescribe should be forwarded to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(a) a completed authority prescription form; and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete a maximum of 28 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tildrakizumab 100 mg/mL injection, 1 mL syringe

11616J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3262.17	40.30	Ilumya [RA]

▪ TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.

Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority

assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10954M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	763.93	40.30	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11567T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	763.93	40.30	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following

notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
For a patient who has failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact the Department of Human Services on 1800 700 270. A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or re-commencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab and tofacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.
Rituximab patients should be assessed following a minimum of 12 weeks after the first infusion, and the assessment should be submitted to the Department of Human Services within 4 weeks to ensure continuity of treatment for those who meet the continuing restriction for PBS subsidised treatment with this drug for this condition.
Where a response assessment is not provided the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. For second and subsequent courses of PBS-subsidised biological medicine (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services within sufficient timeframe to allow for authority assessment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Rituximab patients:
A further application may be submitted to the Department of Human Services within sufficient timeframe to allow authority assessment. New baselines may be submitted with this application if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Infliximab and etanercept patients:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the Department of Human Services will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than one month old at the time of application.

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

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above, must include at least 3 months continuous treatment with each of at least 2 DMARDs, with one or more of the following DMARDs being used in place of the DMARDS which are contraindicated or not tolerated: (i) azathioprine at a dose of at least 1 mg/kg per day; and/or (ii) cyclosporin at a dose of at least 2 mg/kg/day; and/or (iii) sodium aurothiomalate at a dose of 50 mg weekly, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1)a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10951J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	763.93	40.30	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11565Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	763.93	40.30	Actemra ACTPen [RO]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.

It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

Grandfather patients (guselkumab only).

A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

Grandfather patients (tildrakizumab only).

A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9305R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	4349.46	40.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised

therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (initial PBS-subsidised supply for continuing treatment in a patient commenced on non-PBS-subsidised therapy)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have been receiving treatment with this drug for this condition prior to 1 May 2016, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have demonstrated a response to treatment as specified in the criteria for continuing PBS-subsidised treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

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

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised treatment with a biological agent for this condition in the current Treatment Cycle, **AND**
- Patient must demonstrate, at the time of application, an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

All applications for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with this drug, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Where a response assessment is not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
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 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

Severe psoriatic arthritis

Treatment Phase: Initial 3 (initial PBS-subsidised supply for continuing treatment in a patient commenced on non-PBS-subsidised therapy) or Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 3 (initial PBS-subsidised supply for continuing treatment in a patient commenced on non-PBS-subsidised therapy) restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.
No increase in the maximum number of repeats may be authorised.
Special Pricing Arrangements apply.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10767Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	4349.46	40.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab for adult patients with severe active psoriatic arthritis.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab, tofacitinib and ustekinumab only.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab or ustekinumab treatment prior to 1 May 2019 is considered to start their first cycle as of 1 May 2019.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was

approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy); or
(ii) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 1 - New patient or recommencement of treatment after more than 5 years break in therapy) or
(iii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iv) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in therapy of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab and tofacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.
Grandfather patients (ixekizumab only).
A patient who commenced treatment with ixekizumab for severe psoriatic arthritis prior to 1 March 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tofacitinib only).
A patient who commenced treatment with Tofacitinib for severe psoriatic arthritis prior to 1 May 2019 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 3 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1 or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with that biological medicine.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for Initial 1 treatment with respect to both the indices of disease severity. A patient must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have severe active psoriatic arthritis, **AND**
- Patient must have received no prior PBS-subsidised treatment with a biological agent for this condition; OR
- Patient must have received no PBS-subsidised treatment with a biological agent for at least 5 years if they have previously received PBS-subsidised treatment with a biological agent for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form; and

(3) a signed patient acknowledgement.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment – Initial 2 (change or recommencement of treatment)

Clinical criteria:

- Patient must have a documented history of severe active psoriatic arthritis, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological agents within this Treatment Cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug during the current Treatment Cycle, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

For the purposes of this restriction 'biological agent' means adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, secukinumab or ustekinumab.

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

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Applications for a patient who has previously received PBS-subsidised treatment with this drug within this Treatment Cycle and who wishes to recommence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug.

Where the most recent course of PBS-subsidised treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must have been submitted no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment submitted no later than 4 weeks from the date that course was ceased.

Where a response assessment was not submitted within these timeframes, the patient will be deemed to have failed to respond to treatment.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note Patients who fail to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this Treatment Cycle. Patients may re-trial this drug after a minimum of 5

years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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
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 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

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more), Initial 2 (change or recommencement of treatment) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment) restriction to complete 28 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written applications for authority approval for sufficient therapy to complete the balance of supply should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.
No increase in the maximum number of repeats may be authorised.
Special Pricing Arrangements apply.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10774C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4349.46	40.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, tildrakizumab and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patients receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the

new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Re-commencement of treatment after a break in biologial medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Re-commencement of treatment after a break in biological medicine of less than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for tildrakizumab and ustekinumab.
It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
Grandfather patients (guselkumab only).
A patient who commenced treatment with guselkumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment - Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
Grandfather patients (tildrakizumab only).
A patient who commenced treatment with tildrakizumab for chronic plaque psoriasis prior to (1 February 2019) and who continues to receive treatment at the time of application, may qualify for treatment under the Initial treatment Grandfather treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment. This assessment must be conducted within 1 month of the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to the Department of Human Services where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle.
To ensure a patients receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 the PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 1 month at the time of application.

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

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the

continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 4 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, cyclosporin or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, cyclosporin or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, cyclosporin, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, cyclosporin or acitretin can be found on the Department of Human Services website (www.humanservices.gov.au)

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised therapy with this drug for this condition in the current treatment cycle, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9304Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4349.46	40.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term biological medicine appears in the following NOTES and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).
Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one

time.
From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab, vedolizumab or ustekinumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab, or vedolizumab treatment prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab more than once.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab, vedolizumab or ustekinumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised therapy with adalimumab, infliximab, vedolizumab or ustekinumab in this treatment cycle and wishes to commence such therapy (Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1)); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab, vedolizumab or ustekinumab and wishes to trial an alternate agent (Initial 2 - Change or recommencement) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with adalimumab, infliximab, vedolizumab or ustekinumab following a break in PBS-subsidised therapy with that agent (Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2)).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, 14 weeks of therapy for infliximab, 14 weeks of therapy for vedolizumab and 16 weeks for ustekinumab.
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab or vedolizumab, and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.
Where a response assessment is not submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
For subsequent courses of PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that where required an application is submitted to the Department of Human Services no later than 2 weeks prior to the patient completing their current treatment course.
Adalimumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats for patients weighing 40 kg or greater. For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
(b) Continuing treatment.
Following the completion of an initial treatment course with adalimumab, infliximab, vedolizumab or ustekinumab, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate adalimumab, infliximab, vedolizumab or ustekinumab within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab, vedolizumab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
(3) Baseline measurements to determine response.
The Department of Human Services will determine whether a response to treatment has been demonstrated based on the

baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for adalimumab, infliximab, vedolizumab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the Department of Human Services will assess response according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to assess response to all subsequent treatments.
(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.
(5) Patients 'grandfathered' onto PBS-subsidised treatment with vedolizumab.
A patient who commenced treatment with vedolizumab for severe Crohn disease prior to 1 August 2015 and who continues to receive treatment at the time of application may qualify for treatment under the initial 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion.
Following completion of the initial PBS-subsidised course, further applications for treatment will be assessed under the continuing treatment restriction of the relevant drug.
'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for continuing treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.
(6) Patients 'grandfathered' onto PBS-subsidised treatment with ustekinumab.
A patient who commenced treatment with ustekinumab for severe Crohn disease prior to 1 September 2017 and who continues to receive treatment at the time of application may qualify for treatment under the initial 'grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment will be authorised under this criterion.
Following completion of the initial PBS-subsidised course, further applications for treatment will be assessed under the continuing treatment restriction of the relevant drug.
'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for continuing treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment (new patient - initial 1)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and

(iv) the date of the most recent clinical assessment; and

(v) the signed patient acknowledgement indicating they understand and acknowledge that the PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:(a) patient must have evidence of intestinal inflammation;(b) patient must be assessed clinically as being in a high faecal output state; (c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.Evidence of intestinal inflammation includes: (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or (ii) faeces: higher than normal lactoferrin or calprotectin level; or (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

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

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this course of treatment.

Where a response assessment is not undertaken and submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

Note It is recommended that an application for continuing treatment is submitted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug.

Note Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Change or Re-commencement of treatment (initial 2)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological disease modifying drug for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition in the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment; and

(iv) the details of prior biological disease modifying drug treatment including the details of date and duration of treatment.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological disease modifying drug (bDMD) therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised bDMD treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and vedolizumab and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of bDMD treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of bDMD.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not undertaken and submitted to the Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

Note It is recommended that an application for continuing treatment is submitted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised treatment with this drug.

Note Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment with this drug, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

If the application is the first application for continuing treatment with this drug, an assessment of the patient's response to the initial course of treatment must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to the Department of Human Services no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to the Department of Human Services within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats; up to 1 repeat will be authorised for patients whose dosing frequency is every 12 weeks. Up to a maximum of 2 repeats will be authorised for patients whose dosing frequency is every 8 weeks.

If fewer than the maximum stated repeats in the relevant treatment phase are requested at the time of the application, authority approvals for sufficient repeats to complete the balance of the stated repeats in the relevant treatment phase may be requested by telephone by contacting the Department of Human Services and applying through the Balance of Supply restriction. Under no circumstances will telephone approvals be granted for treatment that would otherwise extend the relevant treatment phase.

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

Note Increase in the maximum number of repeats of up to 2 may be authorised in patients whose dosing frequency is every 8 weeks.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial PBS-subsidised treatment (Grandfather)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received non-PBS-subsidised therapy with this drug for this condition prior to 1 September 2017, **AND**
- Patient must be receiving treatment with ustekinumab at the time of application, **AND**
- Patient must have had a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 prior to commencing treatment with this drug; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease Grandfathered PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and

(iv) the date of the most recent clinical assessment; and

(v) the signed patient acknowledgement indicating they understand and acknowledge that the PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to the Department of Human Services no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to the Department of Human Services within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats; up to 1 repeat will be authorised for patients whose dosing frequency is every 12 weeks. Up to a maximum of 2 repeats will be authorised for patients whose dosing frequency is every 8 weeks

If fewer than the maximum stated repeats in the relevant treatment phase are requested at the time of the application, authority approvals for sufficient repeats to complete the balance of the stated repeats in the relevant treatment phase may be requested by telephone by contacting the Department of Human Services and applying through the Balance of Supply restriction. Under no circumstances will telephone approvals be granted for treatment that would otherwise extend the relevant treatment phase.

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

Note No applications for increased maximum quantities will be authorised.

Note Increase in the maximum number of repeats of up to two may be authorised in patients whose dosing frequency is every 8 weeks.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for Initial treatment, Continuing treatment or Grandfathered treatment

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete 16 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Grandfathered treatment restriction to complete 24 weeks of treatment.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services.

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

Note Applications for authority to prescribe may be made by phone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday)

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

11178H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*8616.75	40.30	Stelara [JC]

Calcineurin inhibitors

▪ CICLOSPORIN

Caution Careful monitoring of patients is mandatory.

ciclosporin 100 mg/mL oral liquid, 50 mL

8661W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*708.03	40.30	Neoral [NV]

ciclosporin 100 mg capsule, 30

8660T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*309.21	40.30	[a] Cyclosporin Sandoz [SZ]	[a] Neoral 100 [NV]

ciclosporin 25 mg capsule, 30

8658Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	3	..	*80.77	40.30	[a] Cyclosporin Sandoz [SZ]	[a] Neoral 25 [NV]

ciclosporin 50 mg capsule, 30

8659R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	3	..	*155.65	40.30	[a] Cyclosporin Sandoz [SZ]	[a] Neoral 50 [NV]

ciclosporin 10 mg capsule, 60

8657P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	..	*91.49	40.30	Neoral 10 [NV]

▪ TACROLIMUS

Caution Careful monitoring of patients is mandatory.

tacrolimus 750 microgram capsule, 100

10870D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	213.84	40.30	Tacrolimus Sandoz [SZ]

tacrolimus 2 mg capsule, 100

10871E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	561.60	40.30	Tacrolimus Sandoz [SZ]

tacrolimus 500 microgram capsule, 100

8646C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	129.43	40.30	[a] Pacrolim [AF]	[a] Pharmacor Tacrolimus 0.5 [CR]
						[a] Prograf [LL]	[a] Tacrograf [RW]
						[a] TACROLIMUS APOTEX [TX]	[a] Tacrolimus Sandoz [SZ]

tacrolimus 500 microgram modified release capsule, 30

5299X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	51.82	40.30	[a] ADVAGRAF XL [LQ]	[a] Prograf XL [LL]

tacrolimus 1 mg capsule, 100

8647D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	249.34	40.30	[a] Pacrolim [AF]	[a] Pharmacor Tacrolimus 1 [CR]
						[a] Prograf [LL]	[a] Tacrograf [RW]
						[a] TACROLIMUS APOTEX [TX]	[a] Tacrolimus Sandoz [SZ]

tacrolimus 1 mg modified release capsule, 60

5300Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	153.02	40.30	[a] ADVAGRAF XL [LQ]	[a] Prograf XL [LL]

tacrolimus 5 mg capsule, 50

8648E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	615.26	40.30	[a] Pacrolim [AF]	[a] Pharmacor Tacrolimus 5 [CR]
						[a] Prograf [LL]	[a] Tacrograf [RW]
						[a] TACROLIMUS APOTEX [TX]	[a] Tacrolimus Sandoz [SZ]

tacrolimus 5 mg modified release capsule, 30

5451X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	422.74	40.30	[a] ADVAGRAF XL [LQ]	[a] Prograf XL [LL]

Other immunosuppressants

▪ AZATHIOPRINE

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.

azathioprine 50 mg tablet, 100

2687K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	32.19	33.44	[a] APO-Azathioprine [TX]	[a] Azapin [RW]
						[a] Azathioprine AN [EA]	[a] Azathioprine GH [GQ]
						[a] Azathioprine Sandoz [SZ]	[a] Imazan [ER]
						[a] Imuran [AS]	[a] Thioprine 50 [AF]

azathioprine 25 mg tablet, 100

2688L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.64	24.89	[a] APO-Azathioprine [TX] [a] Azathioprine Sandoz [SZ]	[a] Azathioprine GH [GQ] [a] Imuran [AS]

▪ DIMETHYL FUMARATE

Note Special Pricing Arrangements apply.

Authority required

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 120 mg enteric capsule, 14

2943X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*638.87	40.30	Tecfidera [BD]

▪ DIMETHYL FUMARATE

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

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 240 mg enteric capsule, 56

2966D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1287.90	40.30	Tecfidera [BD]

▪ DIMETHYL FUMARATE

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

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be a sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 120 mg enteric capsule, 14

2896K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*638.87	40.30	Tecfidera [BD]

▪ METHOTREXATE

methotrexate 10 mg tablet, 15

2272N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	23.58	24.83	Methoblastin [PF]

methotrexate 2.5 mg tablet, 30

1622J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.31	18.56	Methoblastin [PF]

▪ METHOTREXATE

Restricted benefit

Patients requiring doses greater than 20 mg per week

methotrexate 10 mg tablet, 50

1623K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	51.80	40.30	Methoblastin [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 15 mg/0.3 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 15 mg/0.6 mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 15 mg/0.3 mL injection, 0.3 mL syringe

11268C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*88.87	40.30	[a] Trexject [LM]

methotrexate 15 mg/0.6 mL injection, 4 x 0.6 mL syringes

11508Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	88.89	40.30	[a] Methoblastin PFS [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 7.5 mg/0.15 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 7.5 mg/0.3 mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 7.5 mg/0.15 mL injection, 0.15 mL syringe

11275K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*88.87	40.30	[a] Trexject [LM]

methotrexate 7.5 mg/0.3 mL injection, 4 x 0.3 mL syringes

11525N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	88.89	40.30	[a] Methoblastin PFS [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 10 mg/0.2 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 10 mg/0.4 mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 10 mg/0.2 mL injection, 0.2 mL syringe

11283W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	5	..	*88.87	40.30	[a] Trexject [LM]

methotrexate 10 mg/0.4 mL injection, 4 x 0.4 mL syringes

11526P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	88.89	40.30	[a] Methoblastin PFS [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 20 mg/0.4 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 20 mg/0.8 mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 20 mg/0.4 mL injection, 0.4 mL syringe

11288D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	5	..	*88.87	40.30	[a] Trexject [LM]

methotrexate 20 mg/0.8 mL injection, 4 x 0.8 mL syringes

11509R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	88.89	40.30	[a] Methoblastin PFS [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 25 mg/0.5 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 25 mg/mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 25 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11295L	4	5	..	*88.87	40.30	[a] Trexject [LM]

methotrexate 25 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11544N	1	5	..	88.89	40.30	[a] Methoblastin PFS [PF]

▪ PIRFENIDONE

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 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

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

pirfenidone 801 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11410M	1	5	..	3067.12	40.30	Esbriet [RO]

▪ PIRFENIDONE

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

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 1 - new patient

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- Patient must have chest high resolution computed tomography (HRCT) consistent with diagnosis of idiopathic pulmonary fibrosis within the previous 12 months, **AND**
- Patient must have a forced vital capacity (FVC) greater than or equal to 50% predicted for age, gender and height, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin equal to or greater than 30%, **AND**
- Patient must not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Patient must not have an acute respiratory infection at the time of FVC testing.

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

a) a completed authority prescription form; and

b) a completed IPF Authority Application Supporting Information Form; and

c) a signed patient acknowledgement.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 2 - change or re-commencement of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with nintedanib or pirfenidone for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

Note Applications for authorisation under this criterion may be made by telephone by contacting 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

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

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).

pirfenidone 267 mg capsule, 270

11136D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3067.12	40.30	Esbriet [RO]

pirfenidone 267 mg tablet, 90

11406H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*3067.12	40.30	Esbriet [RO]

MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

Acetic acid derivatives and related substances

DICLOFENAC

diclofenac sodium 100 mg suppository, 20

1302M (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*27.91	29.16	Voltaren 100 [NV]

diclofenac sodium 100 mg suppository, 20

5079H (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*27.91	29.16	Voltaren 100 [NV]

DICLOFENAC

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

diclofenac sodium 25 mg enteric tablet, 50

1299J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*14.43	15.68	[a] APO-Diclofenac [TX] [a] Diclofenac Amneal [ED] [a] Diclofenac Sandoz [SZ]	[a] Clonac 25 [RW] [a] Diclofenac AN [EA] [a] Fenac 25 [AF]
		[B]3.44	*17.87	15.68	[a] Voltaren 25 [NV]	

diclofenac sodium 50 mg enteric tablet, 50

1300K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	13.53	14.78	[a] APO-Diclofenac [TX] [a] Diclofenac Amneal [ED] [a] Diclofenac Sandoz [SZ]	[a] Clonac 50 [RW] [a] Diclofenac AN [EA] [a] Fenac [AF]

					[a] Pharmacor Diclofenac 50 [CR]
	[B]3.46	16.99	14.78	[a] Voltaren 50 [NV]	

▪ DICLOFENAC

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

diclofenac sodium 25 mg enteric tablet, 50

5076E

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*14.43	15.68	[a] APO-Diclofenac [TX]	[a] Clonac 25 [RW]
					[a] Diclofenac Amneal [ED]	[a] Diclofenac AN [EA]
					[a] Diclofenac Sandoz [SZ]	[a] Fenac 25 [AF]
		[B]3.44	*17.87	15.68	[a] Voltaren 25 [NV]	

diclofenac sodium 50 mg enteric tablet, 50

5077F

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.53	14.78	[a] APO-Diclofenac [TX]	[a] Clonac 50 [RW]
					[a] Diclofenac Amneal [ED]	[a] Diclofenac AN [EA]
					[a] Diclofenac Sandoz [SZ]	[a] Fenac [AF]
					[a] Pharmacor Diclofenac 50 [CR]	
		[B]3.46	16.99	14.78	[a] Voltaren 50 [NV]	

▪ INDOMETACIN

indometacin 100 mg suppository, 20

2757D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*25.47	26.72	Indocid [AS]

indometacin 100 mg suppository, 20

5128X

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*25.47	26.72	Indocid [AS]

▪ INDOMETACIN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indometacin 25 mg capsule, 50

2454E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*17.09	18.34	[a] Arthrexin [AF]
		[B]4.04	*21.13	18.34	[a] Indocid [AS]

▪ INDOMETACIN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indometacin 25 mg capsule, 50

5126T

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*17.09	18.34	[a] Arthrexin [AF]
		[B]4.04	*21.13	18.34	[a] Indocid [AS]

Oxicams

▪ MELOXICAM

Note Pharmaceutical benefits that have the form meloxicam tablet 7.5 mg and pharmaceutical benefits that have the form meloxicam capsule 7.5 mg are equivalent for the purposes of substitution.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit

Osteoarthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

Restricted benefit

Rheumatoid arthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

meloxicam 7.5 mg capsule, 30

8887R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	14.28	15.53	[a] APO-Meloxicam [TX]	[a] Chem mart Meloxicam [CH]
					[a] Meloxicam Sandoz [SZ]	[a] Movalis 7.5 [RW]
					[a] Moxicam [AF]	[a] Terry White Chemists Meloxicam [TW]
		[B]3.00	17.28	15.53	[a] Mobic [BY]	

meloxicam 7.5 mg tablet, 30

8561N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	14.28	15.53	[a] APO-Meloxicam [TX]	[a] Chem mart Meloxicam 7.5 mg [CH]
					[a] CIPLA MELOXICAM 7.5 [LR]	[a] Meloxiauro 7.5 [DO]
					[a] Meloxibell [GQ]	[a] Meloxicam AN [EA]
					[a] Meloxicam-GA [ED]	[a] Meloxicam Sandoz [SZ]
					[a] Movalis 7.5 [RW]	[a] Moxicam 7.5 [AF]
					[a] Pharmacor Meloxicam 7.5 [CR]	[a] Terry White Chemists Meloxicam 7.5 mg [TW]
		[B]3.00	17.28	15.53	[a] Mobic [BY]	

▪ MELOXICAM

Note Pharmaceutical benefits that have the form meloxicam tablet 15 mg and pharmaceutical benefits that have the form meloxicam capsule 15 mg are equivalent for the purposes of substitution.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit

Osteoarthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

Restricted benefit

Rheumatoid arthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

meloxicam 15 mg capsule, 30

8888T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	15.57	16.82	[a] APO-Meloxicam [TX]	[a] Chem mart Meloxicam [CH]
					[a] Meloxicam Sandoz [SZ]	[a] Movalis 15 [RW]
					[a] Moxicam [AF]	[a] Terry White Chemists Meloxicam [TW]
		[B]3.00	18.57	16.82	[a] Mobic [BY]	

meloxicam 15 mg tablet, 30

8562P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	15.57	16.82	[a] APO-Meloxicam [TX]	[a] Chem mart Meloxicam 15 mg [CH]
					[a] CIPLA MELOXICAM 15 [LR]	[a] Meloxiauro 15 [DO]
					[a] Meloxibell [GQ]	[a] Meloxicam AN [EA]
					[a] Meloxicam-GA [ED]	[a] Meloxicam Sandoz [SZ]
					[a] Movalis 15 [RW]	[a] Moxicam 15 [AF]
					[a] Pharmacor Meloxicam 15 [CR]	[a] Terry White Chemists Meloxicam 15 mg [TW]

		[B]3.00	18.57	16.82	[a] Mobic [BY]	

▪ PIROXICAM

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

piroxicam 10 mg capsule, 50

1897W (NP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	16.51	17.76	[a] APO-Piroxicam [TX] [a] Mobilis 10 [AF]	[a] GenRx Piroxicam [GX]
		[B]8.00	24.51	17.76	[a] Feldene [PF]	

piroxicam 10 mg capsule, 50

5203W (DP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.51	17.76	[a] APO-Piroxicam [TX] [a] Mobilis 10 [AF]	[a] GenRx Piroxicam [GX]
		[B]8.00	24.51	17.76	[a] Feldene [PF]	

piroxicam 20 mg capsule, 25

1898X (NP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	16.26	17.51	[a] APO-Piroxicam [TX] [a] Mobilis 20 [AF]	[a] GenRx Piroxicam [GX]
		[B]8.00	24.26	17.51	[a] Feldene [PF]	

piroxicam 20 mg capsule, 25

5204X (DP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.26	17.51	[a] APO-Piroxicam [TX] [a] Mobilis 20 [AF]	[a] GenRx Piroxicam [GX]
		[B]8.00	24.26	17.51	[a] Feldene [PF]	

piroxicam 10 mg dispersible tablet, 50

1895R (NP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	16.51	17.76	Mobilis D-10 [AF]	

piroxicam 10 mg dispersible tablet, 50

5201R (DP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.51	17.76	Mobilis D-10 [AF]	

piroxicam 20 mg dispersible tablet, 25

1896T (NP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	16.26	17.51	[a] Mobilis D-20 [AF]	
		[B]8.00	24.26	17.51	[a] Feldene-D [PF]	

piroxicam 20 mg dispersible tablet, 25

5202T (DP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.26	17.51	[a] Mobilis D-20 [AF]	
		[B]8.00	24.26	17.51	[a] Feldene-D [PF]	

Propionic acid derivatives

▪ IBUPROFEN

ibuprofen 400 mg tablet, 30

3192B (NP) (MW)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	13.40	14.65	[a] APO-Ibuprofen 400 [TX]	
		[B]2.50	15.90	14.65	[a] Brufen [GO]	

ibuprofen 400 mg tablet, 30

5124Q (DP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	13.40	14.65	[a] APO-Ibuprofen 400 [TX]	
		[B]2.50	15.90	14.65	[a] Brufen [GO]	

▪ IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3190X NP	3	3	..	*17.23	18.48	[a] APO-Ibuprofen 400 [TX]
			[B]7.50	*24.73	18.48	[a] Brufen [GO]

▪ IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5123P DP	3	..	..	*17.23	18.48	[a] APO-Ibuprofen 400 [TX]
			[B]7.50	*24.73	18.48	[a] Brufen [GO]

▪ KETOPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

ketoprofen 200 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1590Q NP	1	3	..	22.51	23.76	[a] Oruvail SR [AV]
			[B]1.92	24.43	23.76	[a] Orudis SR 200 [SW]

ketoprofen 200 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5136H DP	1	..	..	22.51	23.76	[a] Oruvail SR [AV]
			[B]1.92	24.43	23.76	[a] Orudis SR 200 [SW]

▪ NAPROXEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1615B NP	1	3	..	18.04	19.29	[a] Proxen SR 1000 [IY]
			[B]1.12	19.16	19.29	[a] Naprosyn SR1000 [IX]

naproxen 250 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1674D NP	2	3	..	*18.75	20.00	[a] Inza 250 [AF]
			[B]2.24	*20.99	20.00	[a] Naprosyn [IX]

naproxen 500 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1659H NP	1	3	..	16.85	18.10	[a] Inza 500 [AF]
			[B]1.12	17.97	18.10	[a] Naprosyn [IX]

naproxen 750 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1614Y NP	1	3	..	16.40	17.65	[a] Proxen SR 750 [IY]
			[B]1.06	17.46	17.65	[a] Naprosyn SR750 [IX]

▪ NAPROXEN

Authority required (STREAMLINED)

4159

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component, **AND**
- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

Authority required (STREAMLINED)

4124

Bone pain

Clinical criteria:

- The condition must be due to malignant disease, **AND**
- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

naproxen 125 mg/5 mL oral liquid, 474 mL

1658G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	121.66	40.30	Phebra Naproxen Suspension [FF]

NP

▪ NAPROXEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen 1 g modified release tablet, 28

5179N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.04	19.29	[a] Proxen SR 1000 [IY]
		[B]1.12	19.16	19.29	[a] Naprosyn SR1000 [IX]

DP

naproxen 250 mg tablet, 50

5176K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*18.75	20.00	[a] Inza 250 [AF]
		[B]2.24	*20.99	20.00	[a] Naprosyn [IX]

DP

naproxen 500 mg tablet, 50

5177L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.85	18.10	[a] Inza 500 [AF]
		[B]1.12	17.97	18.10	[a] Naprosyn [IX]

DP

naproxen 750 mg modified release tablet, 28

5178M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.40	17.65	[a] Proxen SR 750 [IY]
		[B]1.06	17.46	17.65	[a] Naprosyn SR750 [IX]

DP

▪ NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen sodium 550 mg tablet, 50

1795L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	17.00	18.25	[a] Crysanal [IY]
		[B]1.89	18.89	18.25	[a] Anaprox 550 [IX]

NP

▪ NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen sodium 550 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5186Y DP	1	..	..	17.00	18.25	[a] Crysanal [IY]
			[B]1.89	18.89	18.25	[a] Anaprox 550 [IX]

Fenamates

▪ MEFENAMIC ACID

Restricted benefit
Dysmenorrhoea
Restricted benefit
Menorrhagia

mefenamic acid 250 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1824B NP	1	2	..	19.78	21.03	Ponstan [PF]

Coxibs

▪ CELECOXIB

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit
Osteoarthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

Restricted benefit
Rheumatoid arthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

celecoxib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8439E NP	1	3	..	16.43	17.68	[a] APO-Celecoxib [TX]	[a] Blooms the Chemist Celecoxib [IB]
						[a] Celaxib [AF]	[a] Celebrex [PF]
						[a] Celecoxib AN [EA]	[a] Celecoxib BTC [JB]
						[a] Celecoxib GH [GQ]	[a] Celecoxib Sandoz [SZ]
						[a] Celexi [RW]	[a] Chem mart Celecoxib [CH]
						[a] GenRx Celecoxib [GX]	[a] Terry White Chemists Celecoxib [TW]

celecoxib 200 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8440F NP	1	3	..	16.43	17.68	[a] APO-Celecoxib [TX]	[a] Blooms the Chemist Celecoxib [IB]
						[a] Celaxib [AF]	[a] Celebrex [PF]
						[a] Celecoxib AN [EA]	[a] Celecoxib BTC [JB]
						[a] Celecoxib GH [GQ]	[a] Celecoxib Sandoz [SZ]
						[a] Celexi [RW]	[a] Chem mart Celecoxib [CH]
						[a] GenRx Celecoxib [GX]	[a] Terry White Chemists Celecoxib [TW]

SPECIFIC ANTIRHEUMATIC AGENTS

Quinolines

▪ HYDROXYCHLOROQUINE

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.

hydroxychloroquine sulfate 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1512N NP	1	1	..	25.54	26.79	[a] APO- Hydroxychloroquine [TX]	[a] Hequinel [RW]
						[a] Hydroxychloroquine AN [EA]	[a] Hydroxychloroquine GH [GQ]
						[a] Plaquenil [SW]	

Gold preparations

▪ AURANOFIN

Caution Regular blood and urine checks are essential.

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.

auranofin 3 mg capsule, 60

2022K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	774.04	40.30	Ridaura [BZ]

auranofin 3 mg tablet, 60

1095P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	204.57	40.30	Ridaura [GH]

▪ SODIUM AUROTHIOMALATE

Caution Regular blood and urine checks are essential.

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.

sodium aurothiomalate 10 mg/0.5 mL injection, 10 x 0.5 mL ampoules

2016D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	68.25	40.30	Myocrisin [SW]

sodium aurothiomalate 20 mg/0.5 mL injection, 10 x 0.5 mL ampoules

2017E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	98.82	40.30	Myocrisin [SW]

sodium aurothiomalate 50 mg/0.5 mL injection, 10 x 0.5 mL ampoules

2018F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	119.32	40.30	Myocrisin [SW]

Penicillamine and similar agents

▪ PENICILLAMINE

Caution Regular blood and urine checks are essential.

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.

penicillamine 125 mg tablet, 100

2721F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	40.62	40.30	D-Penamine [AL]

penicillamine 250 mg tablet, 100

2838J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	45.90	40.30	D-Penamine [AL]

▪ MUSCLE RELAXANTS

MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS

Other centrally acting agents

▪ BACLOFEN

baclofen 10 mg tablet, 100

2729P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.46	22.71	[a] APO-Baclofen [TX] [a] GenRx Baclofen [GX] [a] Stelax 10 [RW]	[a] Clofen 10 [AF] [a] Lioresal 10 [NV]

baclofen 25 mg tablet, 100

2730Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.29	34.54	[a] APO-Baclofen [TX] [a] GenRx Baclofen [GX] [a] Stelax 25 [RW]	[a] Clofen 25 [AF] [a] Lioresal 25 [NV]

MUSCLE RELAXANTS, DIRECTLY ACTING AGENTS

Dantrolene and derivatives

▪ DANTROLENE

Restricted benefit
Chronic spasticity

dantrolene sodium hemiheptahydrate 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1779P NP	1	2	..	76.06	40.30	Dantrium [PF]

dantrolene sodium hemiheptahydrate 50 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1780Q NP	1	2	..	76.59	40.30	Dantrium [PF]

▪ ANTIGOUT PREPARATIONS

ANTIGOUT PREPARATIONS

Preparations inhibiting uric acid production

▪ ALLOPURINOL

Note The dose should be adjusted in accordance with renal function.

allopurinol 100 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2600W NP	1	2	..	16.34	17.59	[a] Allopurinol APOTEX [GX] [a] Allosig [RF] [a] Progout 100 [AF]	[a] Allopurinol Sandoz [SZ] [a] APO-Allopurinol [TX]
			[B]3.47	19.81	17.59	[a] Zyloprim [RW]	

allopurinol 300 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2604C NP	1	2	..	15.00	16.25	[a] Allopurinol APOTEX [GX] [a] Allosig [RF] [a] Progout 300 [AF]	[a] Allopurinol Sandoz [SZ] [a] APO-Allopurinol [TX]
			[B]3.48	18.48	16.25	[a] Zyloprim [RW]	

▪ FEBUXOSTAT

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.

Authority required (STREAMLINED)
8921
Chronic gout
Clinical criteria:

- The condition must be either chronic gouty arthritis or chronic tophaceous gout, **AND**
- Patient must have a medical contraindication to allopurinol; OR
- Patient must have a documented history of allopurinol hypersensitivity syndrome; OR
- Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.

febuxostat 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10445R NP	1	5	..	51.33	40.30	Adenuric [FK]

Preparations increasing uric acid excretion

▪ PROBENECID

probenecid 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1940D NP	1	5	..	62.63	40.30	Pro-Cid [FF]

Preparations with no effect on uric acid metabolism

▪ COLCHICINE

colchicine 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3410L NP	1	5	..	15.46	16.71	[a] Lengout [LN]
			[B]2.90	18.36	16.71	[a] Colgout [AS]

DRUGS FOR TREATMENT OF BONE DISEASES

DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

Bisphosphonates

ALENDRONATE

Restricted benefit

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

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alendronate 70 mg tablet, 4

8511Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.39	16.64	[a] Alendrobell 70mg [GQ]	[a] Alendronate Sandoz [SZ]
					[a] Alendro Once Weekly [RW]	[a] APO-Alendronate [TX]
					[a] Densate 70 [DO]	[a] Fonat [AL]

IBANDRONATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

ibandronate 50 mg tablet, 28

9357L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	286.51	40.30	Bondronat [IX]

PAMIDRONATE DISODIUM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Symptomatic Paget disease of bone

pamidronate disodium 15 mg/5 mL injection, 5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8461H NP	4	..	..	*70.87	40.30	Pamisol [PF]

pamidronate disodium 30 mg/10 mL injection, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8462J NP	2	..	..	*70.91	40.30	Pamisol [PF]

pamidronate disodium 60 mg/10 mL injection, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8463K NP	1	..	..	70.90	40.30	Pamisol [PF]

▪ RISEDRONATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Symptomatic Paget disease of bone

risedronate sodium 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8482K NP	1	1	..	175.48	40.30	Actonel [TT]

▪ RISEDRONATE

Restricted benefit

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

risedronate sodium 35 mg enteric tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8972F NP	1	5	..	35.49	36.74	Actonel EC [TT]

risedronate sodium 5 mg tablet, 28

8481J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	35.49	36.74	Actonel [TT]

NP

risedronate sodium 150 mg tablet, 1

9391G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	37.51	38.76	[a] Acris Once-a-Month [AF] [a] APO-Risedronate [TX]	[a] Actonel Once-a-Month [TT] [a] ATELVIA ONCE-A-MONTH [TU]

NP

risedronate sodium 35 mg tablet, 4

8621R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.49	36.74	[a] Acris Once-a-Week [AF] [a] Risedronate AN [EA] [a] Risedro once a week [RW]	[a] APO-Risedronate [TX] [a] Risedronate Sandoz [SZ]

NP

▪ ZOLEDRONIC ACID

Note Pharmaceutical benefits that have the form zoledronic acid injection 5 mg/100 mL vial and pharmaceutical benefits that have the form zoledronic acid injection 5 mg/100 mL bag are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

5710

Symptomatic Paget disease of bone

Only 1 treatment each year per patient will be PBS-subsidised

zoledronic acid 5 mg/100 mL injection, 100 mL bag

10571J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	264.26	40.30	[a] Ostira [PF]

zoledronic acid 5 mg/100 mL injection, 100 mL vial

9350D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	264.26	40.30	[a] Aclasta [HX] [a] Zoledasta [TX]	[a] Osteovan [SZ]

▪ ZOLEDRONIC ACID

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Pharmaceutical benefits that have the form zoledronic acid injection 5 mg/100 mL vial and pharmaceutical benefits that have the form zoledronic acid injection 5 mg/100 mL bag are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

6308

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6313

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -3.0 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6318

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**

- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

zoledronic acid 5 mg/100 mL injection, 100 mL bag

10555M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	264.26	40.30	[a] Ostira [PF]

zoledronic acid 5 mg/100 mL injection, 100 mL vial

9288W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	264.26	40.30	[a] Aclasta [HX] [a] Zoledasta [TX]	[a] Osteovan [SZ]

Bisphosphonates, combinations

▪ ALENDRONATE + COLECALCIFEROL

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6306

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6325

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6319

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

9183H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.33	19.58	[a] ALENDRONATE PLUS D3 70mg/140ug APOTEX [GX] [a] Alendronate Plus D3 Sandoz [SZ] [a] Dronalen Plus [AL]	[a] Alendronate plus D3-DRLA [RZ] [a] APO-Alendronate Plus D3 70 mg/140 mcg [TX] [a] FonatPlus [AF]
		[B]4.00	22.33	19.58	[a] Fosamax Plus 70 mg/140 mcg [MK]	

▪ ALENDRONATE + COLECALCIFEROL

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

Authority required (STREAMLINED)

6307

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6320

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6315

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 70 microgram tablet, 4

9012H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.33	19.58	[a] ALENDRONATE PLUS D3 70mg/70ug APOTEX [GX]	[a] Alendronate plus D3-DRLA [RZ]
					[a] Alendronate Plus D3 Sandoz [SZ]	[a] APO-Alendronate Plus D3 70 mg/70 mcg [TX]
					[a] FonatPlus [AF]	
		[B]4.00	22.33	19.58	[a] Fosamax Plus [MK]	

▪ ALENDRONATE + COLECALCIFEROL (&) CALCIUM CARBONATE

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6306

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6325

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6319

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 140 microgram tablet [4] (&) calcium (as carbonate) 500 mg tablet [48], 1 pack

9351E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	23.22	24.47	[a] Dronalen Plus D-Cal [AF]	[a] ReddyMax Plus D-Cal [RZ]
		[B]1.88	25.10	24.47	[a] Fosamax Plus D-Cal [MK]	

NP

▪ RISEDRONATE (&) CALCIUM CARBONATE

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6306

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6325

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6319

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

risedronate sodium 35 mg tablet [4] (&) calcium (as carbonate) 500 mg tablet [24], 28

8899J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	35.49	36.74	Acris Combi [AF]

NP

Other drugs affecting bone structure and mineralization

▪ CALCITRIOL

Authority required (STREAMLINED)

5401

Hypocalcaemia

Clinical criteria:

- The condition must be due to renal disease.

Authority required (STREAMLINED)

5255

Hypoparathyroidism

Authority required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority required (STREAMLINED)

5402

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

2502Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	27.60	28.85	[a] APO-Calcitriol [TX] [a] Calcitriol AN [EA] [a] Sical [AF]	[a] Calciprox [ER] [a] Kosteo [RW]
		[B]2.29	29.89	28.85	[a] Rocaltrol [RO]	

▪ DENOSUMAB

Note Denosumab is not PBS-subsidised for use in patients who have undergone curative surgical resection.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4504

Giant cell tumour of bone

Clinical criteria:

- Patient must be one in whom surgical resection is not feasible; OR
- Patient must be one in whom surgical resection is possible but surgery would result in significant morbidity.

Population criteria:

- Patient must be an adult; OR
- Patient must be a skeletally mature adolescent.

denosumab 120 mg/1.7 mL injection, 1.7 mL vial

10061M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	502.06	40.30	Xgeva [AN]

▪ DENOSUMAB

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4158

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

Authority required (STREAMLINED)

4150

Bone metastases

Clinical criteria:

- The condition must be due to castration-resistant prostate cancer.

denosumab 120 mg/1.7 mL injection, 1.7 mL vial

5110Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	502.06	40.30	Xgeva [AN]

▪ DENOSUMAB

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6548

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**

- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6524

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

denosumab 60 mg/mL injection, 1 mL syringe

5457F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	271.88	40.30	Prolia [AN]

▪ RALOXIFENE

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6314

Established post-menopausal osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

raloxifene hydrochloride 60 mg tablet, 28

8363E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	40.89	40.30	[a] APO-Raloxifene [TX]	[a] Evifyne [EL]
					[a] Evista [LY]	[a] Fixta 60 [DO]
					[a] Raloxifene AMNEAL [ED]	[a] Raloxifene AN [EA]
					[a] Raloxifene GH [GQ]	

▪ TERIPARATIDE

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

Severe established osteoporosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised agent, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy**.** Details must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Note Details of accepted toxicities including severity can be found on the Department of Human Services website at www.humanservices.gov.au.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9411H	1	5	..	412.19	40.30	Forteo [LY]

NERVOUS SYSTEM

ANALGESICS

OPIOIDS

Natural opium alkaloids

CODEINE

codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1214X NP	1	..	..	20.06	21.31	Aspen Pharma Pty Ltd [QA]

CODEINE

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5063L DP	1	..	..	20.06	21.31	Aspen Pharma Pty Ltd [QA]

HYDROMORPHONE

Caution The risk of drug dependence is high.

hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8421F NP	1	..	..	33.85	35.10	Dilaudid-HP [MF]

hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8420E NP	1	..	..	29.02	30.27	Dilaudid [MF]

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Restricted benefit

Severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

hydromorphone hydrochloride 1 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11467M NP	1	..	..	45.88	40.30	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8543P NP	1	..	..	31.86	33.11	Dilaudid [MF]

hydromorphone hydrochloride 2 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8541M NP	1	..	..	21.18	22.43	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8542N NP	1	..	..	23.45	24.70	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

hydromorphone hydrochloride 1 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11479E DP	1	..	..	45.88	40.30	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5117H DP	1	..	..	31.86	33.11	Dilaudid [MF]

hydromorphone hydrochloride 2 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5115F DP	1	..	..	21.18	22.43	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5116G DP	1	..	..	23.45	24.70	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

hydromorphone hydrochloride 4 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9299K NP	1	..	..	30.00	31.25	Jurnista [JC]

hydromorphone hydrochloride 64 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9409F NP	1	..	..	118.15	40.30	Jurnista [JC]

hydromorphone hydrochloride 8 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9406C NP	1	..	..	33.86	35.11	Jurnista [JC]

hydromorphone hydrochloride 16 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9407D NP	1	..	..	46.43	40.30	Jurnista [JC]

hydromorphone hydrochloride 32 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9408E NP	1	..	..	73.35	40.30	Jurnista [JC]

▪ MORPHINE

Caution The risk of drug dependence is high.

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10874H NP	1	..	..	24.27	25.52	Morphine Juno [JU]

morphine hydrochloride trihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10869C NP	1	..	..	30.72	31.97	Morphine Juno [JU]

morphine hydrochloride trihydrate 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10878M NP	1	..	..	41.47	40.30	Morphine Juno [JU]

morphine tartrate 120 mg/1.5 mL injection, 5 x 1.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1607N NP	1	..	..	43.23	40.30	Hospira Pty Limited [PF]

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1645N NP MW	1	..	..	22.31	23.56	Hospira Pty Limited [PF]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1647Q NP	1	..	..	24.41	25.66	Hospira Pty Limited [PF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10858L DP	1	..	..	24.27	25.52	Morphine Juno [JU]

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5169C DP	1	..	..	22.31	23.56	Hospira Pty Limited [PF]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5170D DP	1	..	..	24.41	25.66	Hospira Pty Limited [PF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10864T NP MW	1	..	..	20.91	22.16	[a] Morphine Juno [JU]

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1644M NP MW	1	..	..	20.91	22.16	[a] Hospira Pty Limited [PF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Authority required

Chronic severe disabling pain

Clinical criteria:

- The condition must be due to cancer, **AND**
- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 200 mg modified release granules, 28 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8454Y NP	1	..	..	155.15	40.30	MS Contin Suspension 200 mg [MF]

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8453X NP	1	..	..	117.07	40.30	MS Contin [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Restricted benefit

Severe disabling pain

Clinical criteria:

- The condition must be due to cancer, **AND**
- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8669G NP	1	..	..	19.10	20.35	Sevredol [MF]

morphine sulfate pentahydrate 20 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8670H NP	1	..	..	19.92	21.17	Sevredol [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10863R DP	1	..	..	20.91	22.16	[a] Morphine Juno [JU]

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5168B DP	1	..	..	20.91	22.16	[a] Hospira Pty Limited [PF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Restricted benefit

Severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2124T NP	1	..	..	30.01	31.26	Ordine 10 [MF]

morphine hydrochloride trihydrate 2 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2122Q NP	1	..	..	24.33	25.58	Ordine 2 [MF]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2123R NP	1	..	..	26.42	27.67	Ordine 5 [MF]

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1646P NP	1	..	..	18.85	20.10	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 60 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1655D NP	1	..	..	55.44	40.30	[a] Momex SR 60 [RW] [a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]	[a] Morphine MR AN [EA] [a] Morphine MR Mylan [AF]

morphine sulfate pentahydrate 10 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8349K NP	1	..	..	24.07	25.32	Kapanol [YN]

morphine sulfate pentahydrate 100 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2841M NP	1	..	..	70.35	40.30	Kapanol [YN]

morphine sulfate pentahydrate 120 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8494C NP	1	..	..	55.43	40.30	MS Mono [MF]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2839K NP	1	..	..	28.40	29.65	Kapanol [YN]

morphine sulfate pentahydrate 30 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8491X NP	1	..	..	27.71	28.96	MS Mono [MF]

morphine sulfate pentahydrate 50 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2840L NP	1	..	..	44.31	40.30	Kapanol [YN]

morphine sulfate pentahydrate 60 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8492Y NP	1	..	..	37.84	39.09	MS Mono [MF]

morphine sulfate pentahydrate 90 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8493B NP	1	..	..	42.67	40.30	MS Mono [MF]

morphine sulfate pentahydrate 100 mg modified release granules, 28 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8306E NP	1	..	..	84.81	40.30	MS Contin Suspension 100 mg [MF]

morphine sulfate pentahydrate 20 mg modified release granules, 28 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8490W NP	1	..	..	61.10	40.30	MS Contin Suspension 20 mg [MF]

morphine sulfate pentahydrate 30 mg modified release granules, 28 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8146R NP	1	..	..	62.72	40.30	MS Contin Suspension 30 mg [MF]

morphine sulfate pentahydrate 60 mg modified release granules, 28 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8305D NP	1	..	..	69.81	40.30	MS Contin Suspension 60 mg [MF]

morphine sulfate pentahydrate 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1653B NP	1	..	..	24.08	25.33	[a] Momex SR 10 [RW] [a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]	[a] Morphine MR AN [EA] [a] Morphine MR Mylan [AF]

morphine sulfate pentahydrate 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1656E NP	1	..	..	72.21	40.30	[a] Momex SR 100 [RW] [a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]	[a] Morphine MR AN [EA] [a] Morphine MR Mylan [AF]

morphine sulfate pentahydrate 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8489T NP	1	..	..	27.72	28.97	MS Contin [MF]

morphine sulfate pentahydrate 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1654C NP	1	..	..	37.86	39.11	[a] Momex SR 30 [RW] [a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]	[a] Morphine MR AN [EA] [a] Morphine MR Mylan [AF]

morphine sulfate pentahydrate 5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8035X NP	1	..	..	21.96	23.21	MS Contin [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5239R DP	1	..	..	30.01	31.26	Ordine 10 [MF]

morphine hydrochloride trihydrate 2 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5237P DP	1	..	..	24.33	25.58	Ordine 2 [MF]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5238Q DP	1	..	..	26.42	27.67	Ordine 5 [MF]

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5163R DP	1	..	..	18.85	20.10	Anamorph [RW]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Restricted benefit

Severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

oxycodone 30 mg suppository, 12

2481N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	46.94	40.30	Proladone [FF]

oxycodone hydrochloride 10 mg capsule, 20

8501K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	19.19	20.44	[a] Oxycodone BNM [LI]	[a] OxyNorm [MF]

oxycodone hydrochloride 20 mg capsule, 20

8502L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	22.63	23.88	[a] Oxycodone BNM [LI]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg capsule, 20

8464L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.91	18.16	[a] Oxycodone BNM [LI]	[a] OxyNorm [MF]

oxycodone hydrochloride 1 mg/mL oral liquid, 250 mL

8644Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.83	29.08	OxyNorm Liquid 1mg/mL [MF]

oxycodone hydrochloride 5 mg tablet, 20

2622B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.54	17.79	[a] Endone [QA]	[a] Mayne Pharma Oxycodone IR [YN]
					[a] Oxycodone Aspen [FM]	

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

oxycodone 30 mg suppository, 12

5194J (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	46.94	40.30	Proladone [FF]

oxycodone hydrochloride 10 mg capsule, 20

5197M (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	19.19	20.44	[a] Oxycodone BNM [LI]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg capsule, 20

5191F (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.91	18.16	[a] Oxycodone BNM [LI]	[a] OxyNorm [MF]

oxycodone hydrochloride 1 mg/mL oral liquid, 250 mL

5190E (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.83	29.08	OxyNorm Liquid 1mg/mL [MF]

oxycodone hydrochloride 5 mg tablet, 20

5195K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	16.54	17.79	[a] Endone [QA] [a] Oxycodone Aspen [FM]	[a] Mayne Pharma Oxycodone IR [YN]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note OxyContin and Novacodone modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

oxycodone hydrochloride 80 mg modified release tablet, 28

8388L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	70.64	40.30	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

oxycodone hydrochloride 10 mg modified release tablet, 28

8385H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	25.59	26.84	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

oxycodone hydrochloride 20 mg modified release tablet, 28

8386J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	34.07	35.32	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

oxycodone hydrochloride 40 mg modified release tablet, 28

8387K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	48.80	40.30	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note OxyContin modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

oxycodone hydrochloride 15 mg modified release tablet, 28

9399Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	33.83	35.08	OxyContin [MF]

oxycodone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9400R NP	1	..	..	47.41	40.30	OxyContin [MF]

▪ OXYCODONE + NALOXONE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

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.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10758F NP	1	..	..	53.96	40.30	Targin 30/15 mg [MF]

oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11102H NP	1	..	..	80.21	40.30	Targin 60/30 [MF]

oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11111T NP	1	..	..	94.85	40.30	Targin 80/40 [MF]

oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8934F NP	1	..	..	33.32	34.57	Targin 10/5mg [MF]

oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8935G NP	1	..	..	47.81	40.30	Targin 20/10mg [MF]

oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8936H NP	1	..	..	72.91	40.30	Targin 40/20mg [MF]

oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8000C NP	1	..	..	32.19	33.44	Targin 5/2.5mg [MF]

oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10776E NP	1	..	..	24.45	25.70	Targin 2.5/1.25 mg [MF]

oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10757E NP	1	..	..	37.67	38.92	Targin 15/7.5mg [MF]

Phenylpiperidine derivatives

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the form fentanyl 12 microgram/hour patch are equivalent for the purposes of substitution.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

fentanyl 12 microgram/hour patch, 5

5265D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.05	24.30	[a] Denpax [AF]

fentanyl 12 microgram/hour patch, 5

5437E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	23.05	24.30	[a] Dutran 12 [EA]	[a] Fenpatch 12 [ZP]

fentanyl 12 microgram/hour patch, 5

8878G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	23.05	24.30	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 12 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the form fentanyl 25 microgram/hour patch are equivalent for the purposes of substitution.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

fentanyl 25 microgram/hour patch, 5

5277R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25.35	26.60	[a] Denpax [AF]

fentanyl 25 microgram/hour patch, 5

5438F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	25.35	26.60	[a] Dutran 25 [EA]	[a] Fenpatch 25 [ZP]

fentanyl 25 microgram/hour patch, 5

8891Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	25.35	26.60	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 25 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the form fentanyl 50 microgram/hour patch are equivalent for the purposes of substitution.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

fentanyl 50 microgram/hour patch, 5

5278T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	34.37	35.62	[a] Denpax [AF]

fentanyl 50 microgram/hour patch, 5

5439G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	34.37	35.62	[a] Dutran 50 [EA]	[a] Fenpatch 50 [ZP]

fentanyl 50 microgram/hour patch, 5

8892B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	34.37	35.62	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 50 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the form fentanyl 75 microgram/hour patch are equivalent for the purposes of substitution.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

fentanyl 75 microgram/hour patch, 5

5279W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	41.70	40.30	[a] Denpax [AF]

fentanyl 75 microgram/hour patch, 5

5440H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	41.70	40.30	[a] Dutran 75 [EA]	[a] Fenpatch 75 [ZP]

fentanyl 75 microgram/hour patch, 5

8893C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	41.70	40.30	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 75 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the form fentanyl 100 microgram/hour patch are equivalent for the purposes of substitution.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Restricted benefit
Chronic severe disabling pain
Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

fentanyl 100 microgram/hour patch, 5

5280X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	48.22	40.30	[a] Denpax [AF]

fentanyl 100 microgram/hour patch, 5

5441J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	48.22	40.30	[a] Dutran 100 [EA]	[a] Fenpatch 100 [ZP]

fentanyl 100 microgram/hour patch, 5

8894D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	48.22	40.30	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 100 [JC]

Diphenylpropylamine derivatives

▪ METHADONE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

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.

Restricted benefit
Severe disabling pain
Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

1606M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	50.27	40.30	Physeptone [QA]

methadone hydrochloride 10 mg tablet, 20

1609Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	19.89	21.14	Physeptone [QA]

Oripavine derivatives

▪ BUPRENORPHINE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

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.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

buprenorphine 15 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10770W NP	1	..	..	42.50	40.30	[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 25 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10756D NP	1	..	..	54.11	40.30	Norspan [MF]

buprenorphine 30 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10755C NP	1	..	..	59.76	40.30	Norspan [MF]

buprenorphine 40 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10746N NP	1	..	..	71.05	40.30	Norspan [MF]

buprenorphine 5 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8865N NP	1	..	..	26.78	28.03	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 10 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8866P NP	1	..	..	36.55	37.80	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 20 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8867Q NP	1	..	..	48.47	40.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

Opioids in combination with non-opioid analgesics

▪ PARACETAMOL + CODEINE

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3316M DP	1	..	..	12.83	14.08	[a] APO- Paracetamol/Codeine 500/30 [TX] [a] Codapane Forte 500/30 [AL] [a] Paracetamol/Codeine GH 500/30 [GQ]	[a] Codalgin Forte [FM] [a] Comfarol Forte [SZ] [a] Prodeine Forte [AV]
			[B]2.10	14.93	14.08	[a] Panadeine Forte [SW]	

▪ PARACETAMOL + CODEINE

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of codeine phosphate with paracetamol.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1215Y NP	1	..	..	12.83	14.08	[a] APO- Paracetamol/Codeine 500/30 [TX] [a] Codapane Forte 500/30 [AL] [a] Paracetamol/Codeine GH 500/30 [GQ]	[a] Codalgin Forte [FM] [a] Comfarol Forte [SZ] [a] Prodeine Forte [AV]
			[B]2.10	14.93	14.08	[a] Panadeine Forte [SW]	

▪ PARACETAMOL + CODEINE

Note Each authority approval will be limited to no more than 240 tablets per month for no more than 6 months.

Authority required

Severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8785J NP	3	..	..	*15.52	16.77	[a] APO- Paracetamol/Codeine 500/30 [TX]	[a] Codalgin Forte [FM]
						[a] Codapane Forte 500/30 [AL]	[a] Comfarol Forte [SZ]
						[a] Paracetamol/Codeine GH 500/30 [GQ]	[a] Prodeine Forte [AV]
			[B]6.30	*21.82	16.77	[a] Panadeine Forte [SW]	

Other opioids

▪ TAPENTADOL

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain not responding to non-opioid analgesics where the total duration of opioid analgesic treatment is less than 12 months; or
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-opioid analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing opioid analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-opioid analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

tapentadol 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10094G NP	1	..	..	33.88	35.13	Palexia SR [CS]

tapentadol 150 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10100N NP	1	..	..	41.44	40.30	Palexia SR [CS]

tapentadol 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10091D NP	1	..	..	48.11	40.30	Palexia SR [CS]

tapentadol 250 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10092E NP	1	..	..	53.77	40.30	Palexia SR [CS]

tapentadol 50 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10096J NP	1	..	..	26.01	27.26	Palexia SR [CS]

▪ TRAMADOL

Restricted benefit

Pain

Clinical criteria:

- The condition must be one in which aspirin and/or paracetamol alone are inappropriate or have failed.

tramadol hydrochloride 100 mg/mL oral liquid, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5150C DP	‡1	..	..	17.82	19.07	Tramal [CS]

▪ TRAMADOL

Restricted benefit

Acute pain

Clinical criteria:

- The treatment must be for the short-term.

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

5231H (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.33	15.58	[a] Tramadol ACT [JO]	[a] Tramadol AN [JU]
					[a] Tramadol Sandoz [SZ]	[a] Tramal 100 [CS]

▪ TRAMADOL

Note Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-opioid analgesics.

Restricted benefit

Pain

Clinical criteria:

- The condition must be one in which aspirin and/or paracetamol alone are inappropriate or have failed.

tramadol hydrochloride 100 mg/mL oral liquid, 10 mL

8843K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	17.82	19.07	Tramal [CS]

tramadol hydrochloride 100 mg modified release tablet, 20

8523N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.89	15.14	[a] APO-Tramadol SR [TX]	[a] Chem mart Tramadol SR [CH]
					[a] Lodam SR 100 [ZP]	[a] Terry White Chemists Tramadol SR [TW]
					[a] Tramadol AN SR [EA]	[a] Tramadol Sandoz SR [SZ]
					[a] Tramadol SR generichealth [GQ]	[a] Tramedo SR [AL]
					[a] Zydol SR 100 [RW]	
		[B]4.49	18.38	15.14	[a] Tramal SR 100 [CS]	

tramadol hydrochloride 150 mg modified release tablet, 20

8524P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.71	15.96	[a] APO-Tramadol SR [TX]	[a] Chem mart Tramadol SR [CH]
					[a] Lodam SR 150 [ZP]	[a] Terry White Chemists Tramadol SR [TW]
					[a] Tramadol AN SR [EA]	[a] Tramadol Sandoz SR [SZ]
					[a] Tramadol SR generichealth [GQ]	[a] Tramedo SR [AL]
					[a] Zydol SR 150 [RW]	
		[B]5.37	20.08	15.96	[a] Tramal SR 150 [CS]	

tramadol hydrochloride 200 mg modified release tablet, 20

8525Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.42	16.67	[a] APO-Tramadol SR [TX]	[a] Chem mart Tramadol SR [CH]
					[a] Terry White Chemists Tramadol SR [TW]	[a] Tramadol AN SR [EA]
					[a] Tramadol Sandoz SR [SZ]	[a] Tramadol SR generichealth [GQ]
					[a] Tramedo SR [AL]	[a] Zydol SR 200 [RW]
		[B]6.08	21.50	16.67	[a] Tramal SR 200 [CS]	

tramadol hydrochloride 50 mg modified release tablet, 20

2527B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	14.63	15.88	Tramal SR 50 [CS]

▪ TRAMADOL

Restricted benefit

Acute pain

Clinical criteria:

- The condition must be one in which aspirin and/or paracetamol alone are inappropriate or have failed.

Restricted benefit

Chronic pain

Treatment Phase: Dose titration

Clinical criteria:

- The condition must be one in which aspirin and/or paracetamol alone are inappropriate or have failed.

tramadol hydrochloride 50 mg capsule, 20

5232J (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.48	14.73	[a] APO-Tramadol [TX]	[a] Chem mart Tramadol [CH]
					[a] Terry White Chemists Tramadol [TW]	[a] Tramadol AMNEAL [EF]

					[a] Tramadol AN [EA]	[a] Tramadol Sandoz [SZ]
					[a] Tramadol SCP [CR]	[a] Tramedo [AF]
					[a] Zydol [RW]	
		[B]2.42	15.90	14.73	[a] Tramal [CS]	

▪ TRAMADOL

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.

Restricted benefit
Acute pain
Clinical criteria:

- The condition must be one in which aspirin and/or paracetamol alone are inappropriate or have failed.

tramadol hydrochloride 50 mg capsule, 20

8455B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.48	14.73	[a] APO-Tramadol [TX]	[a] Chem mart Tramadol [CH]
					[a] Terry White Chemists Tramadol [TW]	[a] Tramadol AMNEAL [EF]
					[a] Tramadol AN [EA]	[a] Tramadol Sandoz [SZ]
					[a] Tramadol SCP [CR]	[a] Tramedo [AF]
					[a] Zydol [RW]	
		[B]2.42	15.90	14.73	[a] Tramal [CS]	

▪ TRAMADOL

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.

Restricted benefit
Acute pain
Clinical criteria:

- The treatment must be for the short-term.

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

8582Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.33	15.58	[a] Tramadol ACT [JO]	[a] Tramadol AN [JU]
					[a] Tramadol Sandoz [SZ]	[a] Tramal 100 [CS]

▪ TRAMADOL

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.

Restricted benefit
Chronic pain
Treatment Phase: Dose titration
Clinical criteria:

- The condition must be one in which aspirin and/or paracetamol alone are inappropriate or have failed.

tramadol hydrochloride 50 mg capsule, 20

8611F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	13.48	14.73	[a] APO-Tramadol [TX]	[a] Chem mart Tramadol [CH]
					[a] Terry White Chemists Tramadol [TW]	[a] Tramadol AMNEAL [EF]
					[a] Tramadol AN [EA]	[a] Tramadol Sandoz [SZ]
					[a] Tramadol SCP [CR]	[a] Tramedo [AF]
					[a] Zydol [RW]	
		[B]2.42	15.90	14.73	[a] Tramal [CS]	

OTHER ANALGESICS AND ANTIPYRETICS

Salicylic acid and derivatives

▪ ASPIRIN

Restricted benefit
For treatment of a patient identifying as Aboriginal or Torres Strait Islander

aspirin 300 mg effervescent tablet, 96

1010E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	13.00	14.25	Solprin [RC]

▪ ASPIRIN

Restricted benefit
For treatment of a patient identifying as Aboriginal or Torres Strait Islander

aspirin 300 mg effervescent tablet, 96

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5018D DP	1	..	..	13.00	14.25	Solprin [RC]

Anilides

▪ PARACETAMOL

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

paracetamol 120 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1747Y NP	‡1	2	..	14.05	15.30	Panamax [SW]

paracetamol 240 mg/5 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1770E NP	‡1	2	..	15.18	16.43	Panamax 240 Elixir [SW]

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1746X NP	1	1	..	13.13	14.38	[a] APO-Paracetamol [TX] [a] Mendeleev Paracetamol [HX] [a] Paracetamol Generic Health [GQ] [a] Paralgin [OW] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [EA] [a] Panamax [SW] [a] Paracetamol (Sandoz) [SZ] [a] Parapane [AF]

▪ PARACETAMOL

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

paracetamol 120 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3348F DP	‡1	..	..	14.05	15.30	Panamax [SW]

paracetamol 240 mg/5 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3349G DP	‡1	..	..	15.18	16.43	Panamax 240 Elixir [SW]

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5196L DP	1	..	..	13.13	14.38	[a] APO-Paracetamol [TX] [a] Mendeleev Paracetamol [HX] [a] Paracetamol Generic Health [GQ] [a] Paralgin [OW] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [EA] [a] Panamax [SW] [a] Paracetamol (Sandoz) [SZ] [a] Parapane [AF]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5224Y DP	3	..	..	*16.42	17.67	[a] APO-Paracetamol [TX] [a] Mendeleev Paracetamol [HX] [a] Paracetamol Generic Health [GQ] [a] Paralgin [OW] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [EA] [a] Panamax [SW] [a] Paracetamol (Sandoz) [SZ] [a] Parapane [AF]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8784H NP	3	4	..	*16.42	17.67	[a] APO-Paracetamol [TX] [a] Mendeleev Paracetamol [HX] [a] Paracetamol Generic Health [GQ] [a] Paralgin [OW] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [EA] [a] Panamax [SW] [a] Paracetamol (Sandoz) [SZ] [a] Parapane [AF]

▪ PARACETAMOL

Note Pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 96 and pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 192 are equivalent for the purposes of substitution.

Restricted benefit

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 665 mg modified release tablet, 192

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10797G NP	1	5	..	18.94	20.19	[a] Osteomol 665 Paracetamol [CR]

paracetamol 665 mg modified release tablet, 96

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8814X NP	2	5	..	*18.95	20.20	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX]	[a] Osteomol 665 Paracetamol [CR]

Other analgesics and antipyretics

▪ PREGABALIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

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Neuropathic pain

Clinical criteria:

- The condition must be refractory to treatment with other drugs.

pregabalin 150 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2355Y NP	1	5	..	45.32	40.30	[a] APO-Pregabalin [TX] [a] BTC PREGABALIN [JB] [a] Lyrica [PF] [a] Neuroccord [CR] [a] Pregabalin APOTEX [GX] [a] Pregabalin GH [GQ] [a] Pregabalin-Teva [TB]	[a] Blooms The Chemist Pregabalin [IB] [a] LYPRALIN [RW] [a] Lyzalon [AF] [a] Pregabalin AMNEAL [EA] [a] PREGABALIN-DRLA [RZ] [a] Pregabalin Sandoz [SZ]

pregabalin 25 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2348N NP	1	5	..	21.45	22.70	[a] APO-Pregabalin [TX] [a] BTC PREGABALIN [JB] [a] Lyrica [PF] [a] Neuroccord [CR] [a] Pregabalin APOTEX [GX] [a] Pregabalin GH [GQ] [a] Pregabalin-Teva [TB]	[a] Blooms The Chemist Pregabalin [IB] [a] LYPRALIN [RW] [a] Lyzalon [AF] [a] Pregabalin AMNEAL [EA] [a] PREGABALIN-DRLA [RZ] [a] Pregabalin Sandoz [SZ]

pregabalin 300 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2363J NP	1	5	..	61.96	40.30	[a] APO-Pregabalin [TX] [a] BTC PREGABALIN [JB] [a] Lyrica [PF] [a] Neuroccord [CR]	[a] Blooms The Chemist Pregabalin [IB] [a] LYPRALIN [RW] [a] Lyzalon [AF] [a] Pregabalin AMNEAL [EA]

						[a] Pregabalin APOTEX [GX]	[a] PREGABALIN-DRLA [RZ]
						[a] Pregabalin GH [GQ]	[a] Pregabalin Sandoz [SZ]
						[a] Pregabalin-Teva [TB]	

pregabalin 75 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2335X NP	1	5	..	33.53	34.78	[a] APO-Pregabalin [TX]	[a] Blooms The Chemist Pregabalin [IB]
						[a] BTC PREGABALIN [JB]	[a] LYPRALIN [RW]
						[a] Lyrica [PF]	[a] Lyzalon [AF]
						[a] Neuroccord [CR]	[a] Pregabalin AMNEAL [EA]
						[a] Pregabalin APOTEX [GX]	[a] PREGABALIN-DRLA [RZ]
						[a] Pregabalin GH [GQ]	[a] Pregabalin Sandoz [SZ]
						[a] Pregabalin-Teva [TB]	

ANTIMIGRAINE PREPARATIONS

Selective serotonin (5HT1) agonists

▪ ELETRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

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 Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

eletriptan 40 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5290K NP	1	5	..	26.63	27.88	Relpax [PF]

eletriptan 80 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5291L NP	1	5	..	26.63	27.88	Relpax [PF]

▪ NARATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

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 Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

naratriptan 2.5 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8298R NP	2	5	[S]1.96	*27.21	26.50	Naramig [AS]

▪ NARATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

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 Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom adverse events have occurred with other suitable PBS-listed drugs.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom drug interactions have occurred with other suitable PBS-listed drugs.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom drug interactions are expected to occur with other suitable PBS-listed drugs.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.

naratriptan 2.5 mg tablet, 2

9734H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*27.21	28.46	Naramig [AS]

▪ RIZATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

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 Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Pharmaceutical benefits that have the form rizatriptan wafer 10 mg (as benzoate) and pharmaceutical benefits that have the form rizatriptan tablet (orally disintegrating) 10 mg (as benzoate) are equivalent for the purposes of substitution.

Restricted benefit

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

rizatriptan 10 mg wafer, 2

9313E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.31	22.56	[a] Maxalt [AL]	[a] Rizatriptan Wafers-10mg [AF]

rizatriptan 10 mg orally disintegrating tablet, 2

10551H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.31	22.56	[a] APO-Rizatriptan [TX] [a] Rizatriptan ODT GH [GQ]	[a] Rizatriptan AN ODT [EA]

▪ SUMATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

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 Pharmaceutical benefits that have the form sumatriptan tablet 50 mg (as succinate) and pharmaceutical benefits that have the form sumatriptan tablet (fast disintegrating) 50 mg (as succinate) are equivalent for the purposes of substitution.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

sumatriptan 50 mg tablet, 2

8144P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*16.65	17.90	[a] APO-Sumatriptan [TX]	[a] Iptam [AL]
					[a] Sumatran [OW]	[a] Sumatriptan Sandoz [SZ]
		[B]4.20	*20.85	17.90	[a] Imigran [LN]	

SUMATRIPTAN Tablet (fast disintegrating) 50 mg (as succinate), 2

8885P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	[B]4.20	*20.85	17.90	[a] Imigran FDT [AS]

sumatriptan 50 mg tablet, 4

1849H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.64	17.89	[a] APO-Sumatriptan [TX]	[a] Iptam [AL]
					[a] Pharmacor Sumatriptan 50 [CR]	[a] Sumatran [OW]
					[a] Sumatriptan AN [EA]	[a] Sumatriptan generichealth [GQ]
					[a] Sumatriptan Sandoz [SZ]	
		[B]4.19	20.83	17.89	[a] Imigran [LN]	

SUMATRIPTAN Tablet 50 mg (base) (fast disintegrating), 4

10694W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	[B]4.19	20.83	17.89	[a] Imigran FDT [AS]

sumatriptan 20 mg/actuation nasal spray, 2 x 1 actuation

8341B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	23.32	24.57	Imigran [AS]

▪ ZOLMITRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

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 Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

zolmitriptan 2.5 mg tablet, 2

8266C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*23.37	24.62	[a] APO-Zolmitriptan [TX]	[a] Zoltrip [RW]
		[B]2.76	*26.13	24.62	[a] Zomig [AP]	

Other antimigraine preparations

▪ PIZOTIFEN

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

pizotifen 500 microgram tablet, 100

3074T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	23.09	24.34	Sandomigran 0.5 [AE]

▪ ANTIEPILEPTICS

ANTIEPILEPTICS

Barbiturates and derivatives

▪ PHENOBARBITAL (PHENOBARBITONE)

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Epilepsy

phenobarbital (phenobarbitone) sodium 219 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2138M NP	1	..	..	34.51	35.76	Fawns and McAllan Proprietary Limited [FM]

phenobarbital (phenobarbitone) 30 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1850J NP	1	4	..	18.67	19.92	Phenobarb [RW]

▪ PRIMIDONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

primidone 250 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1939C NP	1	2	..	68.38	40.30	Mysoline [LM]

Hydantoin derivatives

▪ PHENYTOIN

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

phenytoin 30 mg/5 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2692Q NP	‡1	3	..	31.20	32.45	Dilantin [PF]

phenytoin 50 mg chewable tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1249R NP	1	2	..	43.46	40.30	Dilantin Infatabs [PF]

phenytoin sodium 100 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1874P NP	1	2	..	31.80	33.05	Dilantin Sodium [PF]

phenytoin sodium 30 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1873N NP	1	2	..	28.56	29.81	Dilantin Sodium [PF]

Succinimide derivatives

▪ ETHOSUXIMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

ethosuximide 250 mg/5 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1414K NP	‡1	5	..	72.07	40.30	Zarontin [IX]

▪ ETHOSUXIMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Pharmaceutical benefits that have the form ethosuximide 250 mg capsule, 200 and pharmaceutical benefits that have the form ethosuximide 250 mg capsule, 100 are equivalent for the purposes of substitution.

ethosuximide 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11703Y NP	2	2	..	*288.93	40.30	[a] Zarontin [IX]

ethosuximide 250 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1413J NP	1	2	..	288.93	40.30	[a] Zarontin [IX]

Benzodiazepine derivatives

▪ CLONAZEPAM

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Epilepsy

clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1807D NP	1	..	..	22.05	23.30	Rivotril [RO]

▪ CLONAZEPAM

Caution Abuse of clonazepam has been reported. Refer to the current product information.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required
Epilepsy
Clinical criteria:

- The condition must be neurologically proven.

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1808E NP	2	..	..	*18.99	20.24	Rivotril [RO]

clonazepam 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1806C NP	2	2	..	*32.91	34.16	[a] Paxam 2 [AF]
			[B]4.60	*37.51	34.16	[a] Rivotril [RO]

▪ CLONAZEPAM

Caution Abuse of clonazepam has been reported. Refer to the current product information.

Note Pharmaceutical benefits that have form pack size clonazepam 500 microgram tablet, 100 and clonazepam 500 microgram tablet, 50 are equivalent for the purposes of substitution.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required
Epilepsy
Clinical criteria:

- The condition must be neurologically proven.

clonazepam 500 microgram tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11559J NP	4	2	[B]3.68	*26.55	24.12	[a] Rivotril [RO]

clonazepam 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1805B NP	2	2	..	*22.89	24.14	[a] Paxam 0.5 [AF]
			[B]3.68	*26.57	24.14	[a] Rivotril [RO]

▪ NITRAZEPAM

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required
Myoclonic epilepsy
Authority required
Malignant neoplasia (late stage)

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

nitrazepam 5 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2732T NP	2	5	..	*14.71	15.96	[a] Alodorm [AF]
			[B]2.48	*17.19	15.96	[a] Mogadon [IL]

Carboxamide derivatives

▪ CARBAMAZEPINE

carbamazepine 100 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5041H DP	‡1	..	..	24.46	25.71	Tegretol Liquid [NV]

carbamazepine 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5039F DP	2	..	..	*23.25	24.50	[a] Carbamazepine Sandoz [SZ]
			[B]3.00	*26.25	24.50	[a] Tegretol 100 [NV]

carbamazepine 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1724R DP	2	..	..	*31.13	32.38	[a] Carbamazepine Sandoz [SZ]
			[B]2.96	*34.09	32.38	[a] Tegretol 200 [NV]

carbamazepine 200 mg modified release tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5038E DP	1	..	..	31.53	32.78	Tegretol CR 200 [NV]

carbamazepine 400 mg modified release tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5037D DP	1	..	..	49.59	40.30	Tegretol CR 400 [NV]

▪ CARBAMAZEPINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

carbamazepine 100 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2427R NP	‡1	5	..	24.46	25.71	Tegretol Liquid [NV]

carbamazepine 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2422L NP	2	2	..	*23.25	24.50	[a] Carbamazepine Sandoz [SZ]
			[B]3.00	*26.25	24.50	[a] Tegretol 100 [NV]

carbamazepine 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1706T NP	2	2	..	*31.13	32.38	[a] Carbamazepine Sandoz [SZ]
			[B]2.96	*34.09	32.38	[a] Tegretol 200 [NV]

carbamazepine 200 mg modified release tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2426Q NP	1	2	..	31.53	32.78	Tegretol CR 200 [NV]

carbamazepine 400 mg modified release tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2431Y NP	1	2	..	49.59	40.30	Tegretol CR 400 [NV]

▪ OXCARBAZEPINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
5183
Seizures
Clinical criteria:

- Patient must have partial epileptic seizures; OR
- Patient must have primary generalised tonic-clonic seizures, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

oxcarbazepine 60 mg/mL oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8588B NP	2	5	..	*108.73	40.30	Trileptal [NV]

oxcarbazepine 150 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8584T NP	1	5	..	60.10	40.30	Trileptal [NV]

oxcarbazepine 300 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8585W NP	1	5	..	91.71	40.30	Trileptal [NV]

oxcarbazepine 600 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8586X NP	1	5	..	145.54	40.30	Trileptal [NV]

Fatty acid derivatives

▪ TIAGABINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4928
Partial epileptic seizures
Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

tiagabine 15 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8223T NP	2	5	..	*152.13	40.30	Gabitril [TB]

tiagabine 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8221Q NP	2	5	..	*60.37	40.30	Gabitril [TB]

tiagabine 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8222R NP	2	5	..	*109.27	40.30	Gabitril [TB]

▪ VALPROATE

Caution There are reports of fatal hepatotoxicity, particularly in children.
There is increasing evidence of dose-related teratogenesis from this drug.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

valproate sodium 200 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2293Q NP	2	2	..	*39.45	40.30	Epilim Liquid [SW]

valproate sodium 200 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2295T NP	2	2	..	*39.45	40.30	Epilim Syrup [SW]

valproate sodium 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2294R NP	2	2	..	*33.73	34.98	Epilim [SW]

valproate sodium 200 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2289L NP	2	2	..	*23.23	24.48	[a] Sodium Valproate Sandoz [SZ] [a] Valproate Winthrop EC 200 [WA]	[a] Valprease 200 [RW] [a] Valpro EC 200 [AF]
			[B]2.00	*25.23	24.48	[a] Epilim EC [SW]	

valproate sodium 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2290M NP	2	2	..	*34.73	35.98	[a] Sodium Valproate Sandoz [SZ] [a] Valproate Winthrop EC 500 [WA]	[a] Valprease 500 [RW] [a] Valpro EC 500 [AF]
			[B]2.00	*36.73	35.98	[a] Epilim EC [SW]	

▪ VIGABATRIN

Caution Visual field defects have been reported with this drug.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4929

Epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

vigabatrin 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2667J NP	1	5	..	94.44	40.30	Sabril [SW]

vigabatrin 500 mg powder for oral liquid, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2668K NP	1	5	..	65.19	40.30	Sabril [SW]

Other antiepileptics

▪ BRIVARACETAM

Authority required (STREAMLINED)

7597

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents, **AND**
- The treatment must not be given concomitantly with levetiracetam, except for cross titration.

Population criteria:

- Patient must be aged 16 years or older.

brivaracetam 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11339T	1	5	..	160.69	40.30	Briviact [UC]

brivaracetam 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11328F	1	5	..	160.69	40.30	Briviact [UC]

brivaracetam 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11334M	1	5	..	160.69	40.30	Briviact [UC]

brivaracetam 75 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11356Q	1	5	..	160.69	40.30	Briviact [UC]

▪ BRIVARACETAM

Authority required (STREAMLINED)

7618

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents, **AND**
- Patient must be unable to take a solid dose form of this drug, **AND**
- The treatment must not be given concomitantly with levetiracetam, except for cross titration.

Population criteria:

- Patient must be aged 16 years or older.

brivaracetam 10 mg/mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11349H	1	5	..	198.21	40.30	Briviact [UC]

▪ BRIVARACETAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7608

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The treatment must not be given concomitantly with levetiracetam.

Population criteria:

- Patient must be aged 16 years or older.

brivaracetam 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11357R NP	1	5	..	160.69	40.30	Briviact [UC]

brivaracetam 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11327E NP	1	5	..	160.69	40.30	Briviact [UC]

brivaracetam 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11338R NP	1	5	..	160.69	40.30	Briviact [UC]

brivaracetam 75 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11350J NP	1	5	..	160.69	40.30	Briviact [UC]

▪ BRIVARACETAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7596

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- Patient must be unable to take a solid dose form of this drug, **AND**
- The treatment must not be given concomitantly with levetiracetam.

Population criteria:

- Patient must be aged 16 years or older.

brivaracetam 10 mg/mL oral liquid, 300 mL

11358T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	198.21	40.30	Briviact [UC]

▪ GABAPENTIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4928

Partial epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

gabapentin 600 mg tablet, 100

8559L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	40.70	40.30	[a] APO-Gabapentin [TX] [a] Gabapentin Aspen 600 [RW] [a] GenRx Gabapentin [GX] [a] Pharmacor Gabapentin 600 [CR]	[a] Gabapentin AN [EA] [a] GAPENTIN [RF] [a] Neurontin [PF]

gabapentin 800 mg tablet, 100

8389M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	50.45	40.30	[a] APO-Gabapentin [TX] [a] Gabapentin Aspen 800 [RW] [a] GenRx Gabapentin [GX] [a] Pharmacor Gabapentin 800 [CR]	[a] Gabapentin AN [EA] [a] GAPENTIN [RF] [a] Neurontin [PF]

gabapentin 100 mg capsule, 100

8505P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.52	16.77	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] GAPENTIN [RF] [a] Nupentin 100 [AF]	[a] Gabacor [CR] [a] Gabapentin Aspen 100 [RW] [a] Neurontin [PF]

gabapentin 300 mg capsule, 100

1834M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.98	26.23	[a] APO-Gabapentin [TX] [a] Gabapentin AN [EA] [a] Gabapentin Aspen 300 [RW] [a] Gabapentin Sandoz [SZ] [a] GenRx Gabapentin [GX] [a] Nupentin 300 [AF]	[a] Gabacor [CR] [a] Gabapentin APOTEX [TY] [a] Gabapentin generichealth [HQ] [a] GAPENTIN [RF] [a] Neurontin [PF]

gabapentin 400 mg capsule, 100

1835N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	29.89	31.14	[a] APO-Gabapentin [TX] [a] Gabapentin AN [EA] [a] Gabapentin Aspen 400 [RW]	[a] Gabacor [CR] [a] Gabapentin APOTEX [TY] [a] Gabapentin generichealth [HQ]

[a] Gabapentin Sandoz [SZ]
[a] GenRx Gabapentin [GX]
[a] Nupentin 400 [AF]
[a] GAPENTIN [RF]
[a] Neurontin [PF]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

8813

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents, **AND**
- The treatment must be for dose titration purposes.

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9333F NP	1	1	..	31.13	32.38	Vimpat [UC]

lacosamide 100 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9334G NP	1	1	..	50.79	40.30	Vimpat [UC]

lacosamide 150 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9336J NP	1	1	..	70.43	40.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

8815

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10293R NP	4	5	..	*90.07	40.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

8770

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents.

Authority required (STREAMLINED)

8815

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9335H NP	1	5	..	168.72	40.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

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

Authority required (STREAMLINED)

8770

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents.

Authority required (STREAMLINED)

8815

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9337K NP	1	5	..	249.24	40.30	Vimpat [UC]

lacosamide 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9338L NP	1	5	..	330.59	40.30	Vimpat [UC]

lacosamide 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11694L NP	‡6	5	..	*388.75	40.30	Vimpat [UC]

▪ LAMOTRIGINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5138

Epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

lamotrigine 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2850B NP	1	5	..	26.93	28.18	[a] APO-Lamotrigine [TX] [a] Lamotrigine AN [EA] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] Lamotrigine Aspen 100 [RW] [a] Lamotrigine Sandoz [SZ] [a] Reedos 100 [DO]
			[B]1.51	28.44	28.18	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2851C NP	1	5	..	37.45	38.70	[a] APO-Lamotrigine [TX] [a] Lamotrigine AN [EA]	[a] LAMITAN [RF] [a] Lamotrigine Aspen 200 [RW]

						[a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] Lamotrigine Sandoz [SZ] [a] Reedos 200 [DO]
			[B]1.49	38.94	38.70	[a] Lamictal [AS]	

lamotrigine 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2848X NP	1	5	..	17.05	18.30	[a] APO-Lamotrigine [TX] [a] Lamotrigine AN [EA] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] Lamotrigine Aspen 25 [RW] [a] Lamotrigine Sandoz [SZ] [a] Reedos 25 [DO]
			[B]1.61	18.66	18.30	[a] Lamictal [AS]	

lamotrigine 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8063J NP	1	5	..	17.80	19.05	[a] Lamictal [AS]	[a] Lamotrigine Aspen 5 [RW]

lamotrigine 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2849Y NP	1	5	..	20.76	22.01	[a] APO-Lamotrigine [TX] [a] Lamotrigine AN [EA] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] Lamotrigine Aspen 50 [RW] [a] Lamotrigine Sandoz [SZ] [a] Reedos 50 [DO]
			[B]1.44	22.20	22.01	[a] Lamictal [AS]	

▪ LEVETIRACETAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7603

Partial epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

levetiracetam 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8656N NP	1	5	..	43.48	40.30	[a] APO-Levetiracetam [TX] [a] Kerron 1000 [DO] [a] Levactam [ER] [a] Levetiracetam AN [EA] [a] Levetiracetam SZ [SZ]	[a] Keppra [UC] [a] Kevtam 1000 [AF] [a] Levecetam 1000 [RZ] [a] Levetiracetam GH [GQ] [a] Levi 1000 [RW]

levetiracetam 250 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8654L NP	1	5	..	23.01	24.26	[a] APO-Levetiracetam [TX] [a] Kerron 250 [DO] [a] Levactam [ER] [a] Levetiracetam AN [EA] [a] Levetiracetam SZ [SZ]	[a] Keppra [UC] [a] Kevtam 250 [AF] [a] Levecetam 250 [RZ] [a] Levetiracetam GH [GQ] [a] Levi 250 [RW]

levetiracetam 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8655M NP	1	5	..	30.68	31.93	[a] APO-Levetiracetam [TX] [a] Kerron 500 [DO] [a] Levactam [ER] [a] Levetiracetam AN [EA] [a] Levetiracetam SZ [SZ]	[a] Keppra [UC] [a] Kevtam 500 [AF] [a] Levecetam 500 [RZ] [a] Levetiracetam GH [GQ] [a] Levi 500 [RW]

▪ LEVETIRACETAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7620

Partial epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, **AND**
- Patient must be unable to take a solid dose form of levetiracetam, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

levetiracetam 100 mg/mL oral liquid, 300 mL

9169N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	73.84	40.30	[a] APO-Levetiracetam [TX] [a] Kerron [DO]	[a] Keppra [UC] [a] Levetiracetam-AFT [AE]

▪ PERAMPANEL

Authority required (STREAMLINED)

4656

Intractable partial epileptic seizures

Treatment Phase: Initial

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents.

Treatment criteria:

- Must be treated by a neurologist.

perampanel 2 mg tablet, 7

10157N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*52.87	40.30	Fycompa [EI]

▪ PERAMPANEL

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4658

Intractable partial epileptic seizures

Treatment Phase: Continuing

Clinical criteria:

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

perampanel 6 mg tablet, 28

10163X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	262.11	40.30	Fycompa [EI]

perampanel 8 mg tablet, 28

10160R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	347.72	40.30	Fycompa [EI]

perampanel 10 mg tablet, 28

10151G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	347.72	40.30	Fycompa [EI]

perampanel 12 mg tablet, 28

10159Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	347.72	40.30	Fycompa [EI]

perampanel 4 mg tablet, 28

10162W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	176.97	40.30	Fycompa [EI]

▪ PERAMPANEL

Note No applications for increased maximum quantities will be authorised.

Authority required (STREAMLINED)

7815

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two anti-epileptic drugs, **AND**
- The treatment must be in combination with at least one PBS-subsidised anti-epileptic drug, **AND**
- The treatment must be for dose titration purposes.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 2 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11436X	2	1	..	*52.87	40.30	Fycompa [EI]

▪ PERAMPANEL

Note No applications for increased maximum quantities will be authorised.

Note Special Pricing Arrangements apply.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7789

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 6 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11407J NP	1	2	..	262.11	40.30	Fycompa [EI]

perampanel 8 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11429M NP	1	5	..	347.72	40.30	Fycompa [EI]

perampanel 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11428L NP	1	5	..	347.72	40.30	Fycompa [EI]

perampanel 12 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11409L NP	1	5	..	347.72	40.30	Fycompa [EI]

perampanel 4 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11418Y NP	1	2	..	176.97	40.30	Fycompa [EI]

▪ SULTHIAME

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

sulthiame 200 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2100M NP	1	2	..	158.97	40.30	Ospolot [FF]

sulthiame 50 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2099L NP	1	2	..	67.64	40.30	Ospolot [FF]

▪ TOPIRAMATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5516

Seizures

Clinical criteria:

- Patient must have partial epileptic seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

topiramate 100 mg tablet, 60

8165R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.97	30.22	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topamax [JC] [a] Topiramate Sandoz [SZ]	[a] Epiramax 100 [RW] [a] Tamate [AF] [a] Topiramate AN [EA]

topiramate 200 mg tablet, 60

8166T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	40.87	40.30	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topamax [JC] [a] Topiramate Sandoz [SZ]	[a] Epiramax 200 [RW] [a] Tamate [AF] [a] Topiramate AN [EA]

▪ TOPIRAMATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5173

Seizures

Clinical criteria:

- Patient must have partial epileptic seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, **AND**
- Patient must be unable to take a solid dose form of topiramate.

topiramate 15 mg capsule, 60

8371N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	19.57	20.82	Topamax Sprinkle [JC]

topiramate 25 mg capsule, 60

8372P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.14	19.39	Topamax Sprinkle [JC]

topiramate 50 mg capsule, 60

8520K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	22.58	23.83	Topamax Sprinkle [JC]

▪ TOPIRAMATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

5516

Seizures

Clinical criteria:

- Patient must have partial epileptic seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

Authority required (STREAMLINED)

5325

Migraine

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must have experienced an average of 3 or more migraines per month over a period of at least 6 months, **AND**
- Patient must have a contraindication to beta-blockers, as described in the relevant TGA-approved Product Information; OR

- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with a beta-blocker, **AND**
- Patient must have a contraindication to pizotifen because the weight gain associated with this drug poses an unacceptable risk; OR
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with pizotifen.

Details of the contraindication and/or intolerance(s) must be documented in the patient's medical records when treatment is initiated.

topiramate 25 mg tablet, 60

8163P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.25	19.50	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topamax [JC] [a] Topiramate Sandoz [SZ]	[a] Epiramax 25 [RW] [a] Tamate [AF] [a] Topiramate AN [EA]

topiramate 50 mg tablet, 60

8164Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.60	23.85	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topamax [JC] [a] Topiramate Sandoz [SZ]	[a] Epiramax 50 [RW] [a] Tamate [AF] [a] Topiramate AN [EA]

▪ ZONISAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4928

Partial epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

zonisamide 100 mg capsule, 56

9390F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*74.63	40.30	[a] APO-Zonisamide [TX]	[a] Zonegran [EI]

zonisamide 25 mg capsule, 56

9388D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.84	24.09	[a] APO-Zonisamide [TX]	[a] Zonegran [EI]

zonisamide 50 mg capsule, 56

9389E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	30.43	31.68	[a] APO-Zonisamide [TX]	[a] Zonegran [EI]

▪ ANTI-PARKINSON DRUGS

ANTICHOLINERGIC AGENTS

Tertiary amines

▪ BIPERIDEN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

biperiden hydrochloride 2 mg tablet, 100

2544X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*21.71	22.96	Akineton [GH]

▪ TRIHEXYPHENIDYL (BENZHEXOL)

trihexyphenidyl (benzhexol) hydrochloride 2 mg tablet, 200

1109J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	18.11	19.36	Artane [RW]

trihexyphenidyl (benzhexol) hydrochloride 5 mg tablet, 200

1110K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	22.94	24.19	Artane [RW]

Ethers of tropine or tropine derivatives

▪ BENZATROPINE

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

11249C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	116.38	40.30	Benzatropine Injection [FF]

DP

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

11255J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	116.38	40.30	Benzatropine Injection [FF]

NP

benzatropine mesilate 2 mg tablet, 60

2362H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	17.63	18.88	Benztrop [FF]

NP

DOPAMINERGIC AGENTS

Dopa and dopa derivatives

▪ LEVODOPA + BENSERAZIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

levodopa 100 mg + benserazide 25 mg capsule, 100

2225D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	34.44	35.69	Madopar 125 [RO]

NP

levodopa 100 mg + benserazide 25 mg modified release capsule, 100

2231K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	36.73	37.98	Madopar HBS [RO]

NP

levodopa 200 mg + benserazide 50 mg capsule, 100

2226E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	43.23	40.30	Madopar [RO]

NP

levodopa 50 mg + benserazide 12.5 mg capsule, 100

2227F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	23.19	24.44	Madopar 62.5 [RO]

NP

levodopa 100 mg + benserazide 25 mg dispersible tablet, 100

8219N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	34.44	35.69	Madopar Rapid 125 [RO]

NP

levodopa 50 mg + benserazide 12.5 mg dispersible tablet, 100

8218M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	23.19	24.44	Madopar Rapid 62.5 [RO]

NP

levodopa 100 mg + benserazide 25 mg tablet, 100

2229H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	34.44	35.69	Madopar 125 [RO]

NP

levodopa 200 mg + benserazide 50 mg tablet, 100

2228G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	43.23	40.30	Madopar [RO]

NP

▪ LEVODOPA + CARBIDOPA

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

levodopa 100 mg + carbidopa 25 mg tablet, 100

1242J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	39.19	40.30	[a] Kinson [AF]
		[B]5.75	44.94	40.30	[a] Sinemet 100/25 [MK]

NP

levodopa 250 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11655K NP	1	5	..	75.45	40.30	[a] Carbidopa and Levodopa Tablets, USP [DZ]

levodopa 250 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1245M NP	1	5	..	45.65	40.30	[a] Sinemet [MK]

▪ LEVODOPA + CARBIDOPA

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease
Clinical criteria:

- The condition must be one in which fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.

levodopa 200 mg + carbidopa 50 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11663W NP	1	5	..	96.96	40.30	[a] Carbidopa and Levodopa Extended-release Tablets [DZ]

levodopa 200 mg + carbidopa 50 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1255C NP	1	5	..	67.34	40.30	[a] Sinemet CR [MK]

▪ LEVODOPA + CARBIDOPA

Note Special Pricing Arrangements apply.
Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.
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.

Authority required (STREAMLINED)
5473
Advanced Parkinson disease
Treatment Phase: Maintenance therapy
Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must have been commenced on treatment in a hospital-based movement disorder clinic.

levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8970D NP	8	5	..	*11688.11	40.30	Duodopa [VE]

▪ LEVODOPA + CARBIDOPA + ENTACAPONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease
Clinical criteria:

- Patient must be being treated with levodopa decarboxylase inhibitor combinations, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Restricted benefit
Parkinson disease
Clinical criteria:

- Patient must be stabilised on concomitant treatment with levodopa decarboxylase inhibitor combinations and entacapone.

levodopa 100 mg + carbidopa 25 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8798C NP	2	4	..	*333.79	40.30	Stalevo 100/25/200mg [NV]

levodopa 125 mg + carbidopa 31.25 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9345W NP	2	4	..	*346.25	40.30	Stalevo 125/31.25/200mg [NV]

levodopa 150 mg + carbidopa 37.5 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8799D NP	2	4	..	*364.89	40.30	Stalevo 150/37.5/200mg [NV]

levodopa 200 mg + carbidopa 50 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9292C NP	2	4	..	*393.51	40.30	Stalevo 200/50/200mg [NV]

levodopa 50 mg + carbidopa 12.5 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8797B NP	2	4	..	*302.71	40.30	Stalevo 50/12.5/200mg [NV]

levodopa 75 mg + carbidopa 18.75 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9344T NP	2	4	..	*316.41	40.30	Stalevo 75/18.75/200mg [NV]

Adamantane derivatives

▪ AMANTADINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must not be drug induced.

amantadine hydrochloride 100 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3016R NP	1	5	..	38.60	39.85	Symmetrel 100 [NV]

Dopamine agonists

▪ BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Acromegaly

Restricted benefit

Parkinson disease

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

bromocriptine 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1443Y	2	5	..	*33.23	34.48	Parlodel [SZ]

▪ CABERGOLINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease

cabergoline 1 mg tablet, 30

8393R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.99	40.30	Cabaser [PF]

cabergoline 2 mg tablet, 30

8394T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	76.50	40.30	Cabaser [PF]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.
Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease

pramipexole dihydrochloride monohydrate 1 mg tablet, 100

9153R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	89.53	40.30	[a] APO-Pramipexole [TX] [a] Sifrol [BY] [a] Simpral [AF]	[a] Pramipexole AN [EA] [a] Simipex 1 [RW]

pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

9151P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.21	15.46	[a] APO-Pramipexole [TX] [a] Sifrol [BY] [a] Simpral [AF]	[a] Pramipexole AN [EA] [a] Simipex 0.125 [RW]

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

9152Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	29.36	30.61	[a] APO-Pramipexole [TX] [a] Sifrol [BY] [a] Simpral [AF]	[a] Pramipexole AN [EA] [a] Simipex 0.25 [RW]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.
Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

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 Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease

pramipexole dihydrochloride monohydrate 375 microgram modified release tablet, 30

3418X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.24	20.49	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 750 microgram modified release tablet, 30

3419Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.75	28.00	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 1.5 mg modified release tablet, 30

3420B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	42.02	40.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 2.25 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5143Q NP	1	5	..	57.28	40.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3.75 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5145T NP	1	5	..	93.37	40.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 4.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3422D NP	1	5	..	111.42	40.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3421C NP	1	5	..	78.11	40.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note This drug is not PBS-subsidised for Restless Legs Syndrome secondary to other causes

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.

Restricted benefit

Primary severe restless legs syndrome

Clinical criteria:

- Patient must manifest all 4 diagnostic criteria for Restless Legs Syndrome, **AND**
- Patient must have a baseline International Restless Legs Syndrome Rating Scale (IRLSRS) score greater than or equal to 21 points prior to initiation of pramipexole.

The date and IRLSRS score must be documented in the patient's medical records at the time pramipexole treatment is initiated.

The diagnostic criteria for Restless Legs Syndrome are:

(a) An urge to move the legs usually accompanied or caused by unpleasant sensations in the legs; and

(b) The urge to move or unpleasant sensations begin or worsen during periods of rest or inactivity such as lying or sitting; and

(c) The urge to move or unpleasant sensations are partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues; and

(d) The urge to move or unpleasant sensations are worse in the evening or night than during the day or only occur during the evening or night.

pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9393J NP	1	2	..	14.21	15.46	Sifrol [BY]

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9394K NP	1	2	..	29.36	30.61	Sifrol [BY]

▪ ROTIGOTINE

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

rotigotine 8 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11140H	1	5	..	114.40	40.30	Neupro [UC]

rotigotine 4 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2384L	1	5	..	93.04	40.30	Neupro [UC]

rotigotine 6 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2410W	1	5	..	104.03	40.30	Neupro [UC]

▪ ROTIGOTINE

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

rotigotine 2 mg/24 hours patch, 28

2385M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	72.66	40.30	Neupro [UC]

Monoamine oxidase B inhibitors

▪ RASAGILINE

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.

Restricted benefit

Parkinson disease

rasagiline 1 mg tablet, 30

1952R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	86.08	40.30	[a] Azilect [TB] [a] Rasagiline-Teva [EV]	[a] Pharmacor Rasagiline [CR]

▪ SAFINAMIDE

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.

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

safinamide 50 mg tablet, 30

11656L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	63.83	40.30	Xadago [CS]

safinamide 100 mg tablet, 30

11666B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	116.18	40.30	Xadago [CS]

▪ SELEGILINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Late stage Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

selegiline hydrochloride 5 mg tablet, 100

1973W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	53.52	40.30	Eldepryl [AS]

Other dopaminergic agents

▪ ENTACAPONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

entacapone 200 mg tablet, 100

8367J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*221.57	40.30	Comtan [NV]

PSYCHOLEPTICS

ANTIPSYCHOTICS

Phenothiazines with aliphatic side-chain

CHLORPROMAZINE

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.

chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1195X NP	1	..	..	21.40	22.65	Largactil [SW]

chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1201F NP	‡1	5	..	15.97	17.22	Largactil [SW]

chlorpromazine hydrochloride 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1196Y NP	1	5	..	14.62	15.87	Largactil [SW]

chlorpromazine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1199D NP	1	5	..	19.25	20.50	Largactil [SW]

chlorpromazine hydrochloride 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1197B NP	1	5	..	15.06	16.31	Largactil [SW]

Phenothiazines with piperidine structure

PERICIAZINE

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.

periciazine 2.5 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11413Q NP	1	5	..	14.45	15.70	Neulactil [SW]

periciazine 10 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11427K NP	1	5	..	17.58	18.83	Neulactil [SW]

periciazine 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3053Q NP	1	5	..	17.68	18.93	Neulactil [SW]

periciazine 2.5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3052P NP	1	5	..	14.49	15.74	Neulactil [SW]

Butyrophenone derivatives

HALOPERIDOL

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.

haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2768Q NP	1	..	..	22.68	23.93	Serenace [QA]

haloperidol 2 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2763K NP	‡1	5	..	22.00	23.25	Serenace [QA]

haloperidol 1.5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2767P NP	1	5	..	15.15	16.40	Serenace [QA]

haloperidol 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2770T NP	1	5	..	15.00	16.25	Serenace [QA]

haloperidol 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2761H NP	1	5	..	14.77	16.02	Serenace [QA]

▪ HALOPERIDOL DECANOATE

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.

haloperidol (as decanoate) 150 mg/3 mL injection, 5 x 3 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2766N NP	1	..	..	44.47	40.30	Haldol decanoate [JC]

haloperidol (as decanoate) 50 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2765M NP	1	..	..	27.93	29.18	Haldol decanoate [JC]

Indole derivatives

▪ LURASIDONE

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.

Authority required (STREAMLINED)
4246
Schizophrenia

lurasidone hydrochloride 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10526B NP	1	5	..	78.11	40.30	Latuda [SE]

lurasidone hydrochloride 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10529E NP	1	5	..	144.74	40.30	Latuda [SE]

▪ ZIPRASIDONE

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.

Authority required (STREAMLINED)
4246
Schizophrenia
Authority required (STREAMLINED)
5742
Acute mania or mixed episodes
Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

ziprasidone 20 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9070J NP	1	5	..	56.08	40.30	[a] APO-Ziprasidone [TX] [a] Ziprasidone GH [GQ]	[a] Zeldox [PF] [a] ZIPROX [RW]

ziprasidone 40 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9071K	1	5	..	100.83	40.30	[a] APO-Ziprasidone [TX]	[a] Zeldox [PF]

						[a] Ziprasidone GH [GQ]	[a] ZIPROX [RW]

NP ziprasidone 60 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9072L	1	5	..	145.02	40.30	[a] APO-Ziprasidone [TX] [a] Ziprasidone GH [GQ]	[a] Zeldox [PF] [a] ZIPROX [RW]

NP ziprasidone 80 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9073M	1	5	..	189.77	40.30	[a] APO-Ziprasidone [TX] [a] Ziprasidone GH [GQ]	[a] Zeldox [PF] [a] ZIPROX [RW]

Thioxanthene derivatives

▪ FLUPENTIXOL DECANOATE

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.

flupentixol decanoate 100 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2257T	1	..	..	48.83	40.30	Fluanxol Concentrated Depot [LU]

flupentixol decanoate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2255Q	1	..	..	23.73	24.98	Fluanxol Depot [LU]

▪ ZUCLOPENTHIXOL DECANOATE

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.

zuclopenthixol decanoate 200 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8097E	1	..	..	29.58	30.83	Clopixol Depot [LU]

Diazepines, oxazepines, thiazepines and oxepines

▪ ASENAPINE

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.

Authority required (STREAMLINED)
4246
Schizophrenia
Authority required (STREAMLINED)
5773
Acute mania or mixed episodes
Clinical criteria:
- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority required (STREAMLINED)
5719
Bipolar I disorder
Clinical criteria:
- The treatment must be maintenance therapy, **AND**
- The treatment must be as monotherapy.

asenapine 10 mg sublingual wafer, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5141N	1	5	..	229.65	40.30	Saphris [LU]

asenapine 5 mg sublingual wafer, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5140M	1	5	..	141.58	40.30	Saphris [LU]

▪ OLANZAPINE

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.

Authority required (STREAMLINED)
5856
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 2.5 mg tablet, 28

8170B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.25	15.50	[a] APO-Olanzapine [TX] [a] Olanzapine APOTEX [GX] [a] Olanzapine RBX [RA] [a] Ozin 2.5 [DO] [a] Zypine [AF]	[a] Olanzapine AN [EA] [a] Olanzapine-DRLA [RZ] [a] Olanzapine Sandoz [SZ] [a] PRYZEX [RW]
		[B]3.00	17.25	15.50	[a] Zyprexa [LY]	

olanzapine 5 mg tablet, 28

8185T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.96	18.21	[a] APO-Olanzapine [TX] [a] Olanzapine APOTEX [GX] [a] Olanzapine RBX [RA] [a] Ozin 5 [DO] [a] Zypine [AF]	[a] Olanzapine AN [EA] [a] Olanzapine-DRLA [RZ] [a] Olanzapine Sandoz [SZ] [a] PRYZEX [RW]
		[B]3.00	19.96	18.21	[a] Zyprexa [LY]	

olanzapine 10 mg tablet, 28

8187X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.55	23.80	[a] APO-Olanzapine [TX] [a] Olanzapine APOTEX [GX] [a] Olanzapine RBX [RA] [a] Ozin 10 [DO] [a] Zypine [AF]	[a] Olanzapine AN [EA] [a] Olanzapine-DRLA [RZ] [a] Olanzapine Sandoz [SZ] [a] PRYZEX [RW]
		[B]3.00	25.55	23.80	[a] Zyprexa [LY]	

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 7.5 mg and pharmaceutical benefits that have the form olanzapine tablet 7.5 mg (as benzoate) are equivalent for the purposes of substitution.

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.

Authority required (STREAMLINED)
5856
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 7.5 mg tablet, 28

1041T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	19.79	21.04	[a] Olanzapine generichealth 7.5 [GQ]

olanzapine 7.5 mg tablet, 28

8186W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.79	21.04	[a] APO-Olanzapine [TX] [a] Olanzapine APOTEX [GX] [a] Olanzapine RBX [RA] [a] Ozin 7.5 [DO] [a] Zypine [AF]	[a] Olanzapine AN [EA] [a] Olanzapine-DRLA [RZ] [a] Olanzapine Sandoz [SZ] [a] PRYZEX [RW]
		[B]3.00	22.79	21.04	[a] Zyprexa [LY]	

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 5 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 5 mg are equivalent for the purposes of substitution.

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.

Authority required (STREAMLINED)
5856
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 5 mg orally disintegrating tablet, 28

3381Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.96	18.21	[a] APO-Olanzapine ODT [TX]	[a] Olanzapine AN ODT [EA]
					[a] Olanzapine ODT-DRLA [RZ]	[a] Olanzapine ODT generichealth 5 [GQ]
					[a] Olanzapine Sandoz ODT 5 [SZ]	[a] PRYZEX ODT [RW]

olanzapine 5 mg wafer, 28

8433W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	16.96	18.21	[a] Zypine ODT [AF]
		[B]3.00	19.96	18.21	[a] Zyprexa Zydis [LY]

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 10 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 10 mg are equivalent for the purposes of substitution.

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.

Authority required (STREAMLINED)
5856
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 10 mg wafer, 28

8434X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	22.55	23.80	[a] Zypine ODT [AF]
		[B]3.00	25.55	23.80	[a] Zyprexa Zydis [LY]

olanzapine 10 mg orally disintegrating tablet, 28

3382B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.55	23.80	[a] APO-Olanzapine ODT [TX]	[a] Olanzapine AN ODT [EA]
					[a] Olanzapine ODT-DRLA [RZ]	[a] Olanzapine ODT generichealth 10 [GQ]
					[a] Olanzapine Sandoz ODT 10 [SZ]	[a] PRYZEX ODT [RW]

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 15 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 15 mg are equivalent for the purposes of substitution.

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.

Authority required (STREAMLINED)
5856
Schizophrenia
Authority required (STREAMLINED)
5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 15 mg orally disintegrating tablet, 28

3384D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.09	29.34	[a] APO-Olanzapine ODT [TX] [a] Olanzapine Sandoz ODT 15 [SZ]	[a] Olanzapine AN ODT [EA] [a] PRYZEX ODT [RW]

NP

olanzapine 15 mg wafer, 28

8952E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	28.09	29.34	[a] Zypine ODT [AF]
		[B]3.00	31.09	29.34	[a] Zyprexa Zydis [LY]

NP

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 20 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 20 mg are equivalent for the purposes of substitution.

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.

Authority required (STREAMLINED)

5856

Schizophrenia

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 20 mg orally disintegrating tablet, 28

3385E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.63	34.88	[a] APO-Olanzapine ODT [TX] [a] Olanzapine Sandoz ODT 20 [SZ]	[a] Olanzapine AN ODT [EA] [a] PRYZEX ODT [RW]

NP

olanzapine 20 mg wafer, 28

8953F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	33.63	34.88	[a] Zypine ODT [AF]
		[B]3.00	36.63	34.88	[a] Zyprexa Zydis [LY]

NP

▪ OLANZAPINE

Caution Monitor for post-injection syndrome for at least two hours after each injection.

Note Special Pricing Arrangements apply.

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.

Authority required (STREAMLINED)

4304

Schizophrenia

olanzapine 210 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9294E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*496.17	40.30	Zyprexa Relprevv [LY]

NP

olanzapine 300 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9295F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*804.15	40.30	Zyprexa Relprevv [LY]

NP

olanzapine 405 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9303P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	496.16	40.30	Zyprexa Relprevv [LY]

NP

▪ QUETIAPINE

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.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5611

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority required (STREAMLINED)

5639

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

quetiapine 150 mg modified release tablet, 60

5458G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.00	29.25	[a] QUEPINE XR [RW]	[a] Tevatiapine XR [SZ]
		[B]10.75	38.75	29.25	[a] Seroquel XR [AP]	

quetiapine 200 mg modified release tablet, 60

9203J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	45.46	40.30	[a] APO-Quetiapine XR [TX]	[a] QUEPINE XR [RF]
					[a] QUETIAPINE-AS XR [RW]	[a] Tevatiapine XR [SZ]
		[B]2.15	47.61	40.30	[a] Seroquel XR [AP]	

quetiapine 300 mg modified release tablet, 60

9204K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	55.12	40.30	[a] APO-Quetiapine XR [TX]	[a] QUEPINE XR [RF]
					[a] QUETIAPINE-AS XR [RW]	[a] Tevatiapine XR [SZ]
		[B]2.15	57.27	40.30	[a] Seroquel XR [AP]	

quetiapine 400 mg modified release tablet, 60

9205L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	70.97	40.30	[a] APO-Quetiapine XR [TX]	[a] QUEPINE XR [RF]
					[a] QUETIAPINE-AS XR [RW]	[a] Tevatiapine XR [SZ]
		[B]2.15	73.12	40.30	[a] Seroquel XR [AP]	

quetiapine 50 mg modified release tablet, 60

9202H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.16	24.41	[a] APO-Quetiapine XR [TX]	[a] QUEPINE XR [RF]
					[a] QUETIAPINE-AS XR [RW]	[a] Tevatiapine XR [SZ]
		[B]5.16	28.32	24.41	[a] Seroquel XR [AP]	

quetiapine 100 mg tablet, 90

8457D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.00	29.25	[a] APO-Quetiapine [TX]	[a] Chem mart Quetiapine [CH]
					[a] Kaptan [ER]	[a] Pharmacor Quetiapine 100 [CR]
					[a] Quetia 100 [RW]	[a] Quetiapine Actavis 100 [ED]
					[a] Quetiapine AN [EA]	[a] Quetiapine-DRLA [RZ]
					[a] Quetiapine GH 100 [GQ]	[a] Quetiapine RBX [RA]
					[a] Quetiapine Sandoz [SZ]	[a] Seroquel [AP]
					[a] Syquet [AF]	[a] Terry White Chemists Quetiapine [TW]

quetiapine 200 mg tablet, 60

8458E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.98	35.23	[a] APO-Quetiapine [TX]	[a] Chem mart Quetiapine [CH]
					[a] Kaptan [ER]	[a] Pharmacor Quetiapine 200 [CR]
					[a] Quetia 200 [RW]	[a] Quetiapine Actavis 200 [ED]
					[a] Quetiapine AN [EA]	[a] Quetiapine-DRLA [RZ]
					[a] Quetiapine GH 200 [GQ]	[a] Quetiapine RBX [RA]
					[a] Quetiapine Sandoz [SZ]	[a] Seroquel [AP]
					[a] Syquet [AF]	[a] Terry White Chemists Quetiapine [TW]

quetiapine 300 mg tablet, 60

8580N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	44.51	40.30	[a] APO-Quetiapine [TX]	[a] Chem mart Quetiapine [CH]

NP

[a] Kaptan [ER]	[a] Pharmacor Quetiapine 300 [CR]
[a] Quetia 300 [RW]	[a] Quetiapine Actavis 300 [ED]
[a] Quetiapine AN [EA]	[a] Quetiapine-DRLA [RZ]
[a] Quetiapine GH 300 [GQ]	[a] Quetiapine RBX [RA]
[a] Quetiapine Sandoz [SZ]	[a] Seroquel [AP]
[a] Syquet [AF]	[a] Terry White Chemists Quetiapine [TW]

▪ QUETIAPINE

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

Note Authority applications for increased repeats up to a maximum of 5 may be authorised for patients requiring dose optimisation for this condition not adequately provided by other strengths of this drug.

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.

Authority required (STREAMLINED)

7916

Schizophrenia

Authority required (STREAMLINED)

7927

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy.

Authority required (STREAMLINED)

7893

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

quetiapine 25 mg tablet, 60

8456C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.32	18.57	[a] APO-Quetiapine [TX]	[a] Chem mart Quetiapine [CH]
					[a] Kaptan [ER]	[a] Pharmacor Quetiapine 25 [CR]
					[a] Quetia 25 [RW]	[a] Quetiapine AN [EA]
					[a] Quetiapine-DRLA [RZ]	[a] Quetiapine GH 25 [GQ]
					[a] Quetiapine RBX [RA]	[a] Quetiapine Sandoz [SZ]
					[a] Seroquel [AP]	[a] Syquet [AF]
					[a] Terry White Chemists Quetiapine [TW]	

Benzamides

▪ AMISULPRIDE

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.

Authority required (STREAMLINED)

4246

Schizophrenia

amisulpride 100 mg/mL oral liquid, 60 mL

8736T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*140.87	40.30	Solian Solution [SW]

amisulpride 100 mg tablet, 30

8594H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.44	19.69	[a] Amisulpride 100 Winthrop [WA]	[a] Amisulpride AN [EA]
					[a] Amisulpride Sandoz [SZ]	[a] Amisulpride Sandoz Pharma [HX]
					[a] APO-Amisulpride [TX]	[a] Pharmacor Amisulpride [CR]
					[a] Solian 100 [SW]	[a] Sulprix [AF]

amisulpride 200 mg tablet, 60

8595J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	41.47	40.30	[a] Amisulpride 200 Winthrop [WA]	[a] Amisulpride AN [EA]
					[a] Amisulpride Sandoz [SZ]	[a] APO-Amisulpride [TX]

						[a] Pharmacor Amisulpride [CR] [a] Sulprix [AF]	[a] Solian 200 [SW]

amisulpride 400 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8596K NP	1	5	..	65.85	40.30	[a] Amipride 400 [RW] [a] Amisulpride AN [EA] [a] Amisulpride Sandoz Pharma [HX] [a] Pharmacor Amisulpride [CR] [a] Sulprix [AF]	[a] Amisulpride 400 Winthrop [WA] [a] Amisulpride Sandoz [SZ] [a] APO-Amisulpride [TX] [a] Solian 400 [SW]

Other antipsychotics

▪ ARIPIPRAZOLE

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.

Authority required (STREAMLINED)
4246
Schizophrenia

aripiprazole 300 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10224D NP	1	5	..	300.30	40.30	Abilify Maintena [LU]

aripiprazole 400 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10219W NP	1	5	..	374.09	40.30	Abilify Maintena [LU]

aripiprazole 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8719X NP	1	5	..	149.79	40.30	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole GH [GQ] [a] Tevaripiprazole [TB]	[a] Abyraz [AF] [a] Aripiprazole AN [EA] [a] Aripiprazole Sandoz [SZ]

aripiprazole 30 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8720Y NP	1	5	..	180.03	40.30	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole GH [GQ] [a] Tevaripiprazole [TB]	[a] Abyraz [AF] [a] Aripiprazole AN [EA] [a] Aripiprazole Sandoz [SZ]

aripiprazole 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8717T NP	1	5	..	91.55	40.30	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole GH [GQ] [a] Tevaripiprazole [TB]	[a] Abyraz [AF] [a] Aripiprazole AN [EA] [a] Aripiprazole Sandoz [SZ]

aripiprazole 15 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8718W NP	1	5	..	125.11	40.30	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole GH [GQ] [a] Tevaripiprazole [TB]	[a] Abyraz [AF] [a] Aripiprazole AN [EA] [a] Aripiprazole Sandoz [SZ]

▪ BREXPIPRAZOLE

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.

Authority required (STREAMLINED)
4246
Schizophrenia

brexpiprazole 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11189X NP	1	..	..	142.76	40.30	Rexulti [LU]

brexpiprazole 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11188W NP	1	5	..	142.76	40.30	Rexulti [LU]

brexpiprazole 3 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11190Y NP	1	5	..	142.76	40.30	Rexulti [LU]

brexpiprazole 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11184P NP	1	5	..	142.76	40.30	Rexulti [LU]

▪ PALIPERIDONE

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.

Authority required (STREAMLINED)

4246
Schizophrenia

paliperidone 100 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5107T NP	1	5	..	373.55	40.30	Invega Sustenna [JC]

paliperidone 150 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5109X NP	1	5	..	373.55	40.30	Invega Sustenna [JC]

paliperidone 25 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5100K NP	1	5	..	122.80	40.30	Invega Sustenna [JC]

paliperidone 50 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5102M NP	1	5	..	235.59	40.30	Invega Sustenna [JC]

paliperidone 75 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5103N NP	1	5	..	304.93	40.30	Invega Sustenna [JC]

paliperidone 3 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9140C NP	1	5	..	68.36	40.30	Invega [JC]

paliperidone 6 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9141D NP	1	5	..	126.40	40.30	Invega [JC]

paliperidone 9 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9142E NP	1	5	..	183.85	40.30	Invega [JC]

▪ PALIPERIDONE

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.

Note Patient dosage is to be determined as per the dose transition table in the Product Information based on the maintenance dose of paliperidone once monthly injection.

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.

Authority required (STREAMLINED)

6832
Schizophrenia

Clinical criteria:

- Patient must have previously received and be stabilised on PBS-subsidised paliperidone once-monthly injection for at least 4 consecutive months.

paliperidone 350 mg/1.75 mL modified release injection, 1.75 mL syringe

11094X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1105.39	40.30	Invega Trinza [JC]

NP

paliperidone 525 mg/2.625 mL modified release injection, 2.625 mL syringe

11066K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1105.39	40.30	Invega Trinza [JC]

NP

paliperidone 175 mg/0.875 mL modified release injection, 0.875 mL syringe

11085K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	696.43	40.30	Invega Trinza [JC]

NP

paliperidone 263 mg/1.315 mL modified release injection, 1.315 mL syringe

11072R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	904.42	40.30	Invega Trinza [JC]

NP

▪ RISPERIDONE

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.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5907

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as adjunctive therapy to mood stabilisers, **AND**
- The treatment must be limited to up to 6 months per episode.

risperidone 1 mg/mL oral liquid, 100 mL

8100H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	112.94	40.30	Risperdal [JC]

NP

risperidone 1 mg tablet, 60

3169T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.72	18.97	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
					[a] Rispa [RW]	[a] Risperdal [JC]
					[a] Rispericor 1 [CR]	[a] Risperidone AMNEAL [EF]
					[a] Risperidone generichealth [GQ]	[a] Risperidone Sandoz [SZ]
					[a] Rispernia [ER]	[a] Rixadone [AF]

NP

risperidone 2 mg tablet, 60

3170W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.75	27.00	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
					[a] Rispa [RW]	[a] Risperdal [JC]
					[a] Rispericor 2 [CR]	[a] Risperidone AMNEAL [EF]
					[a] Risperidone generichealth [GQ]	[a] Risperidone Sandoz [SZ]
					[a] Rispernia [ER]	[a] Rixadone [AF]

NP

risperidone 3 mg tablet, 60

3171X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.48	34.73	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
					[a] Rispa [RW]	[a] Risperdal [JC]
					[a] Risperidone AMNEAL [EF]	[a] Risperidone generichealth [GQ]
					[a] Risperidone Sandoz [SZ]	[a] Rispernia [ER]
					[a] Rixadone [AF]	

NP

risperidone 4 mg tablet, 60

3172Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	41.18	40.30	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
					[a] Rispa [RW]	[a] Risperdal [JC]
					[a] Risperidone AMNEAL [EF]	[a] Risperidone generichealth [GQ]
					[a] Risperidone Sandoz [SZ]	[a] Rispernia [ER]

NP

[a] Rixadone [AF]

▪ RISPERIDONE

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.

Authority required (STREAMLINED)

6897

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

6938

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be aged 18 years or older.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 2 mg tablet, 60

9079W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	25.75	27.00	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
					[a] Rispa [RW]	[a] Risperdal [JC]
					[a] Rispericor 2 [CR]	[a] Risperidone AMNEAL [EF]
					[a] Risperidone generichealth [GQ]	[a] Risperidone Sandoz [SZ]
					[a] Rispernia [ER]	[a] Rixadone [AF]

▪ RISPERIDONE

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.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5912

Bipolar I disorder

Clinical criteria:

- The condition must be refractory to treatment, **AND**
- The treatment must be in combination with lithium or sodium valproate, **AND**
- The treatment must be maintenance therapy.

risperidone 25 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8780D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*266.71	40.30	Risperdal Consta [JC]

risperidone 37.5 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8781E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*345.71	40.30	Risperdal Consta [JC]

risperidone 50 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8782F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*423.89	40.30	Risperdal Consta [JC]

▪ RISPERIDONE

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.

Note For item codes 8869T and 1846E, pharmaceutical benefits that have the form tablet 0.5 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

5903

Schizophrenia

risperidone 500 microgram tablet, 20

1846E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	..	*18.61	19.86	[a] APO-Risperidone [TX]	[a] Risperdal [JC]

risperidone 500 microgram tablet, 60

8869T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.61	19.86	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
					[a] Rispa [RW]	[a] Rispericor 0.5 [CR]
					[a] Risperidone AMNEAL [EF]	[a] Risperidone Sandoz [SZ]
					[a] Rispernia [ER]	[a] Rixadone [AF]

▪ RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalaties) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

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.

Authority required (STREAMLINED)

5993

Behavioural disturbances

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

Authority required (STREAMLINED)

6897

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

6938

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be aged 18 years or older.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9293D NP	‡1	2	..	112.94	40.30	Risperdal [JC]

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8789N NP	1	2	..	17.72	18.97	[a] APO-Risperidone [TX]	[a] Ozidal [RA]
						[a] Rispa [RW]	[a] Risperdal [JC]
						[a] Rispericor 1 [CR]	[a] Risperidone AMNEAL [EF]
						[a] Risperidone generichealth [GQ]	[a] Risperidone Sandoz [SZ]
						[a] Rispernia [ER]	[a] Rixadone [AF]

▪ RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalaties) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

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.

Note For items 8787L and 1842Y, pharmaceutical benefits that have the form tablet 0.5 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

6010

Behavioural disturbances

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

Authority required (STREAMLINED)

6898

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

6899

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be aged 18 years or older.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 500 microgram tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1842Y NP	3	2	..	*18.61	19.86	[a] APO-Risperidone [TX]	[a] Risperdal [JC]

risperidone 500 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8787L NP	1	2	..	18.61	19.86	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Risperidone AMNEAL [EF] [a] Rispernia [ER]	[a] Ozidal [RA] [a] Rispericor 0.5 [CR] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

ANXIOLYTICS

Benzodiazepine derivatives

▪ ALPRAZOLAM

Note The panic disorder must not be attributable to some known organic factor.
Note No increase in the maximum number of repeats may be authorised.

Authority required
Panic disorder
Clinical criteria:
- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

alprazolam 500 microgram tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11187T NP	1	..	..	17.23	18.48	[a] Alprax 0.5 [QA]	[a] Kalma 0.5 [AF]

alprazolam 1 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11186R NP	1	..	..	18.29	19.54	[a] Alprax 1 [QA]	[a] Kalma 1 [AF]

alprazolam 250 microgram tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11205R NP	1	..	..	16.22	17.47	Kalma 0.25 [AF]

▪ DIAZEPAM

diazepam 10 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5073B DP	1	..	..	17.50	18.75	Hospira Pty Limited [PF]

diazepam 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5071X DP	1	..	..	12.80	14.05	[a] APO-Diazepam [TX]	[a] Valpam 2 [RW]
			[B]2.99	15.79	14.05	[a] Antenex 2 [AF]	

diazepam 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5072Y DP	1	..	..	12.87	14.12	[a] Antenex 5 [AF] [a] Valpam 5 [RW]	[a] APO-Diazepam [TX]
			[B]3.30	16.17	14.12	[a] Valium [RO]	

▪ DIAZEPAM

Authority required
Chronic spasticity
Population criteria:
- Patient must be under 18 years of age.

diazepam 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2669L NP	‡1	..	..	43.34	40.30	Diazepam Elixir [ON]

▪ DIAZEPAM

Note Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for
(i) the treatment of disabling spasticity; or
(ii) malignant neoplasia (late stage); or
(iii) use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or
(iv) use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.
Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

diazepam 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3161J NP	1	..	..	12.80	14.05	[a] APO-Diazepam [TX]	[a] Valpam 2 [RW]
			[B]2.99	15.79	14.05	[a] Antenex 2 [AF]	

diazepam 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3162K NP	1	..	..	12.87	14.12	[a] Antenex 5 [AF] [a] Valpam 5 [RW]	[a] APO-Diazepam [TX]
			[B]3.30	16.17	14.12	[a] Valium [RO]	

▪ DIAZEPAM

Note Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for
(i) the treatment of disabling spasticity; or
(ii) malignant neoplasia (late stage); or
(iii) use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or
(iv) use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

Note Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

diazepam 10 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2558P NP	1	..	..	17.50	18.75	Hospira Pty Limited [PF]

▪ OXAZEPAM

oxazepam 15 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5192G DP	1	..	..	12.90	14.15	[a] Alepam 15 [AF]
			[B]2.66	15.56	14.15	[a] Serepax [QA]

oxazepam 30 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5193H DP	1	..	..	12.56	13.81	[a] Alepam 30 [AF] [a] Murelax [RW]	[a] APO-Oxazepam [TX]
			[B]2.33	14.89	13.81	[a] Serepax [QA]	

▪ OXAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of oxazepam below.

oxazepam 15 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3132W NP	1	..	..	12.90	14.15	[a] Alepam 15 [AF]
			[B]2.66	15.56	14.15	[a] Serepax [QA]

oxazepam 30 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3133X NP	1	..	..	12.56	13.81	[a] Alepam 30 [AF] [a] Murelax [RW]	[a] APO-Oxazepam [TX]
			[B]2.33	14.89	13.81	[a] Serepax [QA]	

▪ OXAZEPAM

Authority required

Malignant neoplasia (late stage)

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**

- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

oxazepam 15 mg tablet, 25

3134Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*14.33	15.58	[a] Alepam 15 [AF]
		[B]5.32	*19.65	15.58	[a] Serepax [QA]

oxazepam 30 mg tablet, 25

3135B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*13.65	14.90	[a] Alepam 30 [AF] [a] Murelax [RW]	[a] APO-Oxazepam [TX]
		[B]4.66	*18.31	14.90	[a] Serepax [QA]	

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

▪ NITRAZEPAM

nitrazepam 5 mg tablet, 25

5189D DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	13.09	14.34	[a] Alodorm [AF]
		[B]1.24	14.33	14.34	[a] Mogadon [IL]

▪ NITRAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam below.

nitrazepam 5 mg tablet, 25

2723H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	13.09	14.34	[a] Alodorm [AF]
		[B]1.24	14.33	14.34	[a] Mogadon [IL]

▪ NITRAZEPAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Myoclonic epilepsy

Authority required

Malignant neoplasia (late stage)

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

nitrazepam 5 mg tablet, 25

2732T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*14.71	15.96	[a] Alodorm [AF]
		[B]2.48	*17.19	15.96	[a] Mogadon [IL]

▪ TEMAZEPAM

temazepam 10 mg tablet, 25

5221T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	12.56	13.81	[a] APO-Temazepam [TX]	[a] Temaze [AF]

					[a] Temtabs [FM]	
DP		[B]3.48	16.04	13.81	[a] Normison [QA]	

▪ TEMAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of temazepam.

temazepam 10 mg tablet, 25

2089Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	12.56	13.81	[a] APO-Temazepam [TX] [a] Temtabs [FM]	[a] Temaze [AF]
		[B]3.48	16.04	13.81	[a] Normison [QA]	

NP

▪ TEMAZEPAM

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required
Malignant neoplasia (late stage)
Authority required
Insomnia
Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required
Insomnia
Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

temazepam 10 mg tablet, 25

2088X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*13.65	14.90	[a] APO-Temazepam [TX] [a] Temtabs [FM]	[a] Temaze [AF]
		[B]6.96	*20.61	14.90	[a] Normison [QA]	

NP

▪ PSYCHOANALEPTICS

ANTIDEPRESSANTS

Non-selective monoamine reuptake inhibitors

▪ AMITRIPTYLINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

amitriptyline hydrochloride 10 mg tablet, 50

2417F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	13.99	15.24	[a] Amitriptyline Alphapharm 10 [AL] [a] Chem mart Amitriptyline [CH] [a] Terry White Chemists Amitriptyline [TW]	[a] APO-Amitriptyline 10 [TX] [a] ENTRIP [RW]
		[B]1.95	15.94	15.24	[a] Endep 10 [AF]	

NP

amitriptyline hydrochloride 25 mg tablet, 50

2418G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	14.18	15.43	[a] Amitriptyline Alphapharm 25 [AL] [a] Chem mart Amitriptyline [CH] [a] Terry White Chemists Amitriptyline [TW]	[a] APO-Amitriptyline 25 [TX] [a] ENTRIP [RW]

NP

			[B]1.96	16.14	15.43	[a] Endep 25 [AF]	

amitriptyline hydrochloride 50 mg tablet, 50

2429W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	14.58	15.83	[a] Amitriptyline Alphapharm 50 [AL] [a] Chem mart Amitriptyline [CH] [a] Terry White Chemists Amitriptyline [TW]	[a] APO-Amitriptyline 50 [TX] [a] ENTRIP [RW]
		[B]1.95	16.53	15.83	[a] Endep 50 [AF]	

▪ CLOMIPRAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Cataplexy

Clinical criteria:

- The condition must be associated with narcolepsy.

Restricted benefit

Obsessive-compulsive disorder

Restricted benefit

Phobic disorders

Population criteria:

- Patient must be an adult.

clomipramine hydrochloride 25 mg tablet, 50

1561E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	17.42	18.67	[a] APO-Clomipramine [TX] [a] Placil [AF]	[a] GenRx Clomipramine [GX]
		[B]4.41	21.83	18.67	[a] Anafranil 25 [SZ]	

▪ DOSULEPIN (DOTHIEPIN)

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

dosulepin (dothiepin) hydrochloride 25 mg capsule, 50

1357K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	14.05	15.30	[a] Dosulepin Mylan [AL]	[a] Dothep 25 [AF]

dosulepin (dothiepin) hydrochloride 75 mg tablet, 30

1358L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	14.05	15.30	[a] Dosulepin Mylan [AL]	[a] Dothep 75 [AF]

▪ DOXEPIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

doxepin 10 mg capsule, 50

1011F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	14.68	15.93	Deptran 10 [AF]
		[B]7.51	22.19	15.93	Sinequan [PF]

doxepin 25 mg capsule, 50

1013H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	15.63	16.88	Deptran 25 [AF]
		[B]7.51	23.14	16.88	Sinequan [PF]

doxepin 50 mg tablet, 50

1012G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	14.73	15.98	Deptran 50 [AF]

▪ IMIPRAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

imipramine hydrochloride 10 mg tablet, 50

2420J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	15.75	17.00	Tofranil 10 [GH]

imipramine hydrochloride 25 mg tablet, 50

2421K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	19.12	20.37	Tofranil 25 [GH]

▪ NORTRIPTYLINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Major depression

Clinical criteria:

- The treatment must be for use when other anti-depressant therapy has failed.

Restricted benefit

Major depression

Clinical criteria:

- The treatment must be for use when other anti-depressant therapy is contraindicated.

nortriptyline 10 mg tablet, 50

2522R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	16.26	17.51	[a] Allegron [RW]	[a] NortriTABS 10 mg [GH]

nortriptyline 25 mg tablet, 50

2523T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	17.50	18.75	[a] Allegron [RW]	[a] NortriTABS 25 mg [GH]

Selective serotonin reuptake inhibitors

▪ CITALOPRAM

Restricted benefit

Major depressive disorders

citalopram 10 mg tablet, 28

8702B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	12.45	13.70	[a] Celapram [AF] [a] Citalopram AN [EF]	[a] Citalopram Actavis [EA] [a] Talam [RW]

citalopram 20 mg tablet, 28

8220P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	12.78	14.03	[a] APO-Citalopram [TX] [a] Chem mart Citalopram [CH] [a] Citalopram AN [EA] [a] Talam [RW]	[a] Celapram [AF] [a] Citalopram Actavis [ED] [a] Citalopram Sandoz [SZ] [a] Terry White Chemists Citalopram [TW]
		[B]9.08	21.86	14.03	[a] Cipramil [LU]	

citalopram 40 mg tablet, 28

8703C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.67	14.92	[a] APO-Citalopram [TX] [a] Citalopram Actavis [ED] [a] Citalopram Sandoz [SZ]	[a] Celapram [AF] [a] Citalopram AN [EA] [a] Talam [RW]

▪ ESCITALOPRAM

Restricted benefit

Major depressive disorders

escitalopram 10 mg tablet, 28

8700X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.58	14.83	[a] APO-Escitalopram [TX] [a] Chem mart Escitalopram [CH] [a] Escitalopram AN [EA] [a] Escitalopram GH [HQ] [a] Esipram [CF]	[a] Blooms the Chemist Escitalopram [IB] [a] Cilopam-S [ER] [a] Escitalopram-DRLA [RZ] [a] Escitalopram Sandoz [HX] [a] Esitalo [SZ]

					[a] Lexam 10 [RW]	[a] LoxaLate [AF]
					[a] Pharmacor Escitalopram 10 [CR]	[a] Terry White Chemists Escitalopram [TW]
		[B]10.10	23.68	14.83	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

8701Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.60	14.85	[a] APO-Escitalopram [TX]	[a] Blooms the Chemist Escitalopram [IB]
					[a] Chem mart Escitalopram [CH]	[a] Cilopam-S [ER]
					[a] Escitalopram AN [EA]	[a] Escitalopram-DRLA [RZ]
					[a] Escitalopram GH [HQ]	[a] Escitalopram Sandoz [HX]
					[a] Esipram [CF]	[a] Esitalo [SZ]
					[a] Lexam 20 [RW]	[a] LoxaLate [AF]
					[a] Pharmacor Escitalopram 20 [CR]	[a] Terry White Chemists Escitalopram [TW]
		[B]10.45	24.05	14.85	[a] Lexapro [LU]	

▪ ESCITALOPRAM

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 10 mg tablet, 28

9432K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	13.58	14.83	[a] Esipram [CF]
		[B]10.10	23.68	14.83	[a] Lexapro [LU]

escitalopram 20 mg tablet, 28

9433L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	13.60	14.85	[a] Esipram [CF]
		[B]10.45	24.05	14.85	[a] Lexapro [LU]

▪ ESCITALOPRAM

Restricted benefit

Major depressive disorders

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**

- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 20 mg/mL oral liquid, 15 mL

10181W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	..	37.45	38.70	Lexapro [LU]

▪ FLUOXETINE

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

fluoxetine 20 mg capsule, 28

1434L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.19	16.44	[a] APO-Fluoxetine [TX]	[a] Auscap Aspen [RW]
						[a] Blooms the Chemist Fluoxetine [IB]	[a] Chem mart Fluoxetine [CH]
						[a] FLUOTEX [RF]	[a] Fluoxetine AN [EA]
						[a] Fluoxetine-GA [ED]	[a] Fluoxetine generichealth [GQ]
						[a] Fluoxetine Sandoz [SZ]	[a] GenRx Fluoxetine [GX]
						[a] Lovan [AL]	[a] Terry White Chemists Fluoxetine [TW]
						[a] Zactin [AF]	
			[B]1.18	16.37	16.44	[a] Prozac 20 [LY]	

fluoxetine 20 mg tablet, 28

8270G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.19	16.44	[a] Lovan 20 Tab [AL]	[a] Zactin Tablet [AF]
			[B]1.18	16.37	16.44	[a] Prozac Tab [LY]	

▪ FLUVOXAMINE

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

fluvoxamine maleate 100 mg tablet, 30

8174F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.05	21.30	[a] APO-Fluvoxamine [TX]	[a] Faverin 100 [RW]
						[a] Fluvoxamine AN [ED]	[a] Fluvoxamine GA [EA]
						[a] Movox 100 [AF]	[a] Voxam [SZ]
			[B]3.50	23.55	21.30	[a] Luvox [GO]	

fluvoxamine maleate 50 mg tablet, 30

8512B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.14	18.39	[a] APO-Fluvoxamine [TX]	[a] Faverin 50 [RW]
						[a] Fluvoxamine AN [ED]	[a] Fluvoxamine GA [EA]

					[a] Movox 50 [AL]	[a] Voxam [SZ]
		[B]3.50	20.64	18.39	[a] Luvox [GO]	

▪ PAROXETINE

Restricted benefit
Major depressive disorders
Restricted benefit
Obsessive-compulsive disorder
Restricted benefit
Panic disorder

paroxetine 20 mg tablet, 30

2242B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.90	16.15	[a] APO-Paroxetine [TX] [a] Extine 20 [RW] [a] Paroxetine AN [EA] [a] Paroxetine Sandoz [SZ] [a] Roxet 20 [DO]	[a] Chem mart Paroxetine [CH] [a] GenRx Paroxetine [GX] [a] Paroxetine GH [GQ] [a] Paxtine [AF] [a] Terry White Chemists Paroxetine [TW]
		[B]2.58	17.48	16.15	[a] Aropax [AS]	

▪ SERTRALINE

Restricted benefit
Major depressive disorders

sertraline 100 mg tablet, 30

2237R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.17	14.42	[a] APO-Sertraline [TX] [a] Chem mart Sertraline [CH] [a] Sertra 100 [RW] [a] Sertraline generichealth [GQ] [a] Setrona [RA]	[a] Auro-Sertraline 100 [DO] [a] Eleva 100 [AF] [a] Sertraline AN [EA] [a] Sertraline Sandoz [SZ] [a] Terry White Chemists Sertraline [TW]
		[B]5.80	18.97	14.42	[a] Zoloft [PF]	

sertraline 50 mg tablet, 30

2236Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.17	14.42	[a] APO-Sertraline [TX] [a] Chem mart Sertraline [CH] [a] Sertra 50 [RW] [a] Sertraline generichealth [GQ] [a] Setrona [RA]	[a] Auro-Sertraline 50 [DO] [a] Eleva 50 [AF] [a] Sertraline AN [EA] [a] Sertraline Sandoz [SZ] [a] Terry White Chemists Sertraline [TW]
		[B]5.80	18.97	14.42	[a] Zoloft [PF]	

▪ SERTRALINE

Restricted benefit
Obsessive-compulsive disorder
Restricted benefit
Panic disorder
Clinical criteria:

- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

sertraline 100 mg tablet, 30

8837D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.17	14.42	[a] Auro-Sertraline 100 [DO] [a] Sertraline AN [EA]	[a] Eleva 100 [AF]
		[B]5.80	18.97	14.42	[a] Zoloft [PF]	

sertraline 50 mg tablet, 30

8836C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.17	14.42	[a] Auro-Sertraline 50 [DO] [a] Sertraline AN [EA]	[a] Eleva 50 [AF]
		[B]5.80	18.97	14.42	[a] Zoloft [PF]	

Monoamine oxidase inhibitors, non-selective

▪ PHENELZINE

Caution This drug is an irreversible monoamine oxidase inhibitor.
Restricted benefit
Depression

Clinical criteria:

- The treatment must be for when all other anti-depressant therapy has failed; OR
- The treatment must be for when all other anti-depressant therapy is inappropriate.

phenelzine 15 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11713L	1.7	1	..	*112.45	40.30	[a] Nardil [LM]

phenelzine 15 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2856H	1	1	..	80.65	40.30	[a] Nardil [LM]

▪ TRANYLCYPROMINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

tranylcypromine 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2444P	1	2	..	49.80	40.30	Parnate [GH]

Monoamine oxidase A inhibitors

▪ MOCLOBEMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

moclobemide 150 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1900B NP	1	5	..	21.22	22.47	[a] Amira 150 [AF] [a] Clobemix [ED] [a] Moclobemide Sandoz [SZ]	[a] APO-Moclobemide [TX] [a] Moclobemide AN [EA] [a] Mohexal [HX]
			[B]3.00	24.22	22.47	[a] Aurorix [GO]	

moclobemide 300 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8003F NP	1	5	..	27.75	29.00	[a] Amira 300 [AF] [a] Clobemix [ED] [a] Moclobemide AN [EA]	[a] APO-Moclobemide [TX] [a] GenRx Moclobemide [GX] [a] Moclobemide Sandoz [SZ]
			[B]3.00	30.75	29.00	[a] Aurorix 300 mg [GO]	

Other antidepressants

▪ DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 100 mg, desvenlafaxine tablet (modified release) 100 mg (as benzoate) and desvenlafaxine tablet (extended release) 100 mg (as succinate) are equivalent for the purposes of substitution.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

desvenlafaxine 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10231L NP	1	5	..	23.97	25.22	[a] Desfax [AF] [a] Desvenlafaxine Actavis [EA]	[a] DESVEN [RW] [a] Desvenlafaxine Sandoz [SZ]

desvenlafaxine 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10245F NP	1	5	..	23.97	25.22	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9367B NP	1	5	..	23.97	25.22	[a] Pristiq [PF]

▪ DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 50 mg, desvenlafaxine tablet (modified release) 50 mg (as benzoate) and desvenlafaxine tablet (extended release) 50 mg (as succinate) are equivalent for the purposes of substitution.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

desvenlafaxine 50 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10234P NP	1	5	..	21.65	22.90	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 50 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10241B NP	1	5	..	21.65	22.90	[a] Desfax [AF] [a] Desvenlafaxine Actavis [EA]	[a] DESVEN [RW] [a] Desvenlafaxine Sandoz [SZ]

desvenlafaxine 50 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9366Y NP	1	5	..	21.65	22.90	[a] Pristiq [PF]

▪ DULOXETINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

duloxetine 30 mg enteric capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9155W NP	1	..	..	15.63	16.88	[a] Andepra [EL] [a] Chem mart Duloxetine [CH] [a] Duloxetine AN [EA] [a] Duloxetine Sandoz 30 [SZ] [a] Terry White Chemists Duloxetine [TW]	[a] APO-Duloxetine [TX] [a] Duloxecor [CR] [a] Duloxetine Sandoz [HX] [a] DYTREX 30 [RW] [a] Tixol [AL]
			[B]8.00	23.63	16.88	[a] Cymbalta [LY]	

duloxetine 60 mg enteric capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9156X NP	1	5	..	17.40	18.65	[a] Andepra [EL] [a] Chem mart Duloxetine [CH] [a] Duloxetine AN [EA] [a] Duloxetine Sandoz 60 [SZ] [a] Terry White Chemists Duloxetine [TW]	[a] APO-Duloxetine [TX] [a] Duloxecor [CR] [a] Duloxetine Sandoz [HX] [a] DYTREX 60 [RW] [a] Tixol [AL]
			[B]8.00	25.40	18.65	[a] Cymbalta [LY]	

▪ LITHIUM CARBONATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

lithium carbonate 250 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3059B NP	1	2	..	23.58	24.83	Lithicarb [AS]

lithium carbonate 450 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8290H NP	2	2	..	*35.97	37.22	Quilonum SR [AS]

▪ MIANSERIN

Caution Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Severe depression

mianserin hydrochloride 10 mg tablet, 50

1627P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	19.28	20.53	Lumin 10 [AF]

mianserin hydrochloride 20 mg tablet, 50

1628Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	27.93	29.18	Lumin 20 [AF]

▪ MIRTAZAPINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Major depressive disorders

mirtazapine 15 mg tablet, 30

9365X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.88	15.13	[a] APO-Mirtazapine [TX] [a] MIRTANZA [RF]	[a] Axit 15 [AF] [a] Mirtazapine AN [EA]

mirtazapine 15 mg orally disintegrating tablet, 30

8855C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.62	16.87	[a] Milivin OD 15 [DO] [a] Mirtazapine Sandoz ODT 15 [SZ]	[a] Mirtazapine AN ODT [EA]
		[B]4.75	20.37	16.87	[a] Avanza SolTab [MK]	[a] Remeron SolTab [AF]

mirtazapine 30 mg tablet, 30

8513C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.08	16.33	[a] APO-Mirtazapine [TX] [a] Chem mart Mirtazapine [CH] [a] Mirtazapine AN [EA] [a] Mirtazapine Sandoz [SZ] [a] Terry White Chemists Mirtazapine [TW]	[a] Axit 30 [AF] [a] MIRTANZA [RF] [a] Mirtazapine GH [GQ] [a] Mirtazon [RW]
		[B]5.00	20.08	16.33	[a] Avanza [MK]	

mirtazapine 30 mg orally disintegrating tablet, 30

8856D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.00	18.25	[a] Milivin OD 30 [DO] [a] Mirtazapine Sandoz ODT 30 [SZ]	[a] Mirtazapine AN ODT [EA]
		[B]4.75	21.75	18.25	[a] Avanza SolTab [MK]	[a] Remeron SolTab [AF]

mirtazapine 45 mg tablet, 30

8883M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.48	18.73	[a] APO-Mirtazapine [TX] [a] Chem mart Mirtazapine [CH] [a] Mirtazapine AN [EA] [a] Mirtazapine Sandoz [SZ] [a] Terry White Chemists Mirtazapine [TW]	[a] Axit 45 [AF] [a] MIRTANZA [RF] [a] Mirtazapine GH [GQ] [a] Mirtazon [RW]

mirtazapine 45 mg orally disintegrating tablet, 30

8857E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.78	21.03	[a] Milivin OD 45 [DO] [a] Mirtazapine Sandoz ODT 45 [SZ]	[a] Mirtazapine AN ODT [EA]
		[B]4.75	24.53	21.03	[a] Avanza SolTab [MK]	[a] Remeron SolTab [AF]

▪ REBOXETINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Major depressive disorders

reboxetine 4 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8583R NP	1	5	..	38.19	39.44	Edronax [PF]

▪ VENLAFAXINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Major depressive disorders

venlafaxine 150 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8302Y NP	1	5	..	15.87	17.12	[a] APO-Venlafaxine XR [TX]	[a] Blooms the Chemist Venlafaxine XR [IB]
						[a] Chem mart Venlafaxine XR [CH]	[a] Efexor-XR [PF]
						[a] Elaxine SR 150 [ZP]	[a] Enlafax-XR [AF]
						[a] Sandoz Venlafaxine XR [HX]	[a] Terry White Chemists Venlafaxine XR [TW]
						[a] Venlafaxine AN SR [EA]	[a] Venlafaxine generichealth XR [GQ]
						[a] Venlafaxine Sandoz XR [SZ]	

venlafaxine 37.5 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8868R NP	1	..	..	13.87	15.12	[a] Efexor-XR [PF]	[a] Elaxine SR 37.5 [ZP]
						[a] Venlafaxine AN SR [EA]	

venlafaxine 75 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8301X NP	1	5	..	15.08	16.33	[a] APO-Venlafaxine XR [TX]	[a] Blooms the Chemist Venlafaxine XR [IB]
						[a] Chem mart Venlafaxine XR [CH]	[a] Efexor-XR [PF]
						[a] Elaxine SR 75 [ZP]	[a] Enlafax-XR [AF]
						[a] Sandoz Venlafaxine XR [HX]	[a] Terry White Chemists Venlafaxine XR [TW]
						[a] Venlafaxine AN SR [EA]	[a] Venlafaxine generichealth XR [GQ]
						[a] Venlafaxine Sandoz XR [SZ]	

PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS

Centrally acting sympathomimetics

▪ ARMODAFINIL

Note This drug is not PBS-subsidised when used in combination with PBS-subsidised dexamfetamine sulfate or modafinil.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Narcolepsy

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a definite history of cataplexy; OR

- Patient must have a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT); OR
- Patient must have an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;

(d) glaucoma;

(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration.

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

(a) a completed authority prescription form; and

(b) a completed Narcolepsy Initial PBS authority application and Supporting information form; and

(c) details of the contraindication or intolerance to dexamfetamine sulfate; and

(d) either:

(i) the result and date of the polysomnography test and Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner; or

(ii) the result and date of the electroencephalograph (EEG), conducted by, or under the supervision of, a neurologist.

The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Authority required

Narcolepsy

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

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).

armodafinil 50 mg tablet, 30

10922W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*106.33	40.30	Nuvigil [TB]

armodafinil 150 mg tablet, 30

10912H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	153.73	40.30	Nuvigil [TB]

armodafinil 250 mg tablet, 30

10919Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	250.56	40.30	Nuvigil [TB]

▪ ATOMOXETINE

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)

7876

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Authority required (STREAMLINED)

7890

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

atomoxetine 80 mg capsule, 28

9289X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	69.69	40.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Amneal [EA] [a] Strattera [LY]	[a] ATOMERRA [RW] [a] Atomoxetine Sandoz [SZ]

atomoxetine 10 mg capsule, 28

9092M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*101.05	40.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Amneal [EA] [a] Strattera [LY]	[a] ATOMERRA [RW] [a] Atomoxetine Sandoz [SZ]

atomoxetine 100 mg capsule, 28

9290Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	69.69	40.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Amneal [EA] [a] Strattera [LY]	[a] ATOMERRA [RW] [a] Atomoxetine Sandoz [SZ]

atomoxetine 18 mg capsule, 28

9093N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*101.05	40.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Amneal [EA] [a] Strattera [LY]	[a] ATOMERRA [RW] [a] Atomoxetine Sandoz [SZ]

atomoxetine 25 mg capsule, 28

9094P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*101.05	40.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Amneal [EA] [a] Strattera [LY]	[a] ATOMERRA [RW] [a] Atomoxetine Sandoz [SZ]

atomoxetine 40 mg capsule, 28

9095Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*101.05	40.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Amneal [EA] [a] Strattera [LY]	[a] ATOMERRA [RW] [a] Atomoxetine Sandoz [SZ]

atomoxetine 60 mg capsule, 28

9096R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*101.05	40.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Amneal [EA] [a] Strattera [LY]	[a] ATOMERRA [RW] [a] Atomoxetine Sandoz [SZ]

▪ DEXAMFETAMINE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Attention deficit hyperactivity disorder

Treatment must be in accordance with the law of the relevant State or Territory.

Authority required

Narcolepsy

dexamfetamine sulfate 5 mg tablet, 100

1165H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	20.99	22.24	Aspen Pharma Pty Ltd [QA]

▪ LISDEXAMFETAMINE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

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.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must require continuous coverage over 12 hours.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

lisdexamfetamine dimesilate 70 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10492F NP	1	5	..	117.59	40.30	Vyvanse [ZI]

lisdexamfetamine dimesilate 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10474G NP	1	5	..	117.59	40.30	Vyvanse [ZI]

lisdexamfetamine dimesilate 30 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10486X NP	1	5	..	117.59	40.30	Vyvanse [ZI]

▪ METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Attention deficit hyperactivity disorder

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours.

methylphenidate hydrochloride 18 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2387P NP	1	5	..	52.28	40.30	Concerta [JC]

methylphenidate hydrochloride 27 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2172H NP	1	5	..	56.42	40.30	Concerta [JC]

methylphenidate hydrochloride 36 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2388Q NP	1	5	..	60.55	40.30	Concerta [JC]

methylphenidate hydrochloride 54 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2432B NP	1	5	..	69.70	40.30	Concerta [JC]

▪ METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Attention deficit hyperactivity disorder

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours.

methylphenidate hydrochloride 10 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3440C NP	1	5	..	36.26	37.51	Ritalin LA [NV]

methylphenidate hydrochloride 20 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2276T NP	1	5	..	45.53	40.30	Ritalin LA [NV]

methylphenidate hydrochloride 30 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2280B NP	1	5	..	52.99	40.30	Ritalin LA [NV]

methylphenidate hydrochloride 40 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2283E NP	1	5	..	55.52	40.30	Ritalin LA [NV]

▪ METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Attention deficit hyperactivity disorder

Treatment must be in accordance with the law of the relevant State or Territory.

methylphenidate hydrochloride 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8839F NP	1	5	..	23.73	24.98	[a] Artige [NM]
			[B]1.61	25.34	24.98	[a] Ritalin 10 [NV]

▪ MODAFINIL

Note This drug is not PBS-subsidised when used in combination with PBS-subsidised dexamfetamine sulfate or armodafinil.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Narcolepsy

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a definite history of cataplexy; OR
- Patient must have a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT); OR
- Patient must have an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;

(d) glaucoma;

(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration.

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

(a) a completed authority prescription form; and

(b) a completed Narcolepsy Initial PBS authority application and Supporting information form; and

(c) details of the contraindication or intolerance to dexamfetamine sulfate; and

(d) either:

(i) the result and date of the polysomnography test and Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner; or

(ii) the result and date of the electroencephalograph (EEG), conducted by, or under the supervision of, a neurologist.

The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Authority required

Narcolepsy

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

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).

modafinil 100 mg tablet, 60

8816B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*247.65	40.30	[a] APO-Modafinil [TX]	[a] Modafin [RW]
					[a] Modafinil AN [EA]	[a] Modafinil GH [GQ]
					[a] Modafinil Mylan [AF]	[a] Modafinil Sandoz [SZ]
					[a] Modavigil [TB]	

ANTI-DEMENTIA DRUGS

Anticholinesterases

▪ DONEPEZIL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4219

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

donepezil hydrochloride 10 mg tablet, 28

2479L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.54	22.79	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 10 [RW]	[a] Aridon APN 10 [RF]
					[a] Chem mart Donepezil [CH]	[a] Donepezil AN [EA]
					[a] Donepezil-DRLA [RZ]	[a] Donepezil GH [HQ]
					[a] Donepezil Sandoz [SZ]	[a] Pharmacor Donepezil 10 [CR]
					[a] Terry White Chemists Donepezil [TW]	
		[B]9.00	30.54	22.79	[a] Aricept [PF]	

donepezil hydrochloride 5 mg tablet, 28

2532G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.54	22.79	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 5 [RW]	[a] Aridon APN 5 [RF]
					[a] Chem mart Donepezil [CH]	[a] Donepezil AN [EA]
					[a] Donepezil-DRLA [RZ]	[a] Donepezil GH [HQ]
					[a] Donepezil Sandoz [SZ]	[a] Terry White Chemists Donepezil [TW]
		[B]3.68	25.22	22.79	[a] Aricept [PF]	

▪ DONEPEZIL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

donepezil hydrochloride 10 mg tablet, 28

8496E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.54	22.79	[a] APO-Donepezil [TX] [a] Aridon 10 [RW] [a] Chem mart Donepezil [CH] [a] Donepezil-DRLA [RZ] [a] Donepezil Sandoz [SZ] [a] Terry White Chemists Donepezil [TW]	[a] Arazil [AF] [a] Aridon APN 10 [RF] [a] Donepezil AN [EA] [a] Donepezil GH [HQ] [a] Pharmacor Donepezil 10 [CR]
		[B]9.00	30.54	22.79	[a] Aricept [PF]	

donepezil hydrochloride 5 mg tablet, 28

8495D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.54	22.79	[a] APO-Donepezil [TX] [a] Aridon 5 [RW] [a] Chem mart Donepezil [CH] [a] Donepezil-DRLA [RZ] [a] Donepezil Sandoz [SZ]	[a] Arazil [AF] [a] Aridon APN 5 [RF] [a] Donepezil AN [EA] [a] Donepezil GH [HQ] [a] Terry White Chemists Donepezil [TW]
		[B]3.68	25.22	22.79	[a] Aricept [PF]	

▪ GALANTAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4219

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

galantamine 16 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2537M NP	1	5	..	38.24	39.49	[a] APO-Galantamine MR [TX] [a] Galantyl [AF] [a] Reminyl [JC]	[a] Galantamine AN SR [EA] [a] Gamine XR [RW]

galantamine 24 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2531F NP	1	5	..	43.37	40.30	[a] APO-Galantamine MR [TX] [a] Galantyl [AF] [a] Reminyl [JC]	[a] Galantamine AN SR [EA] [a] Gamine XR [RW]

galantamine 8 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2463P NP	1	5	..	33.36	34.61	[a] APO-Galantamine MR [TX] [a] Galantyl [AF] [a] Reminyl [JC]	[a] Galantamine AN SR [EA] [a] Gamine XR [RW]

▪ GALANTAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

galantamine 16 mg modified release capsule, 28

8771P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	38.24	39.49	[a] APO-Galantamine MR [TX] [a] Galantyl [AF] [a] Reminyl [JC]	[a] Galantamine AN SR [EA] [a] Gamine XR [RW]

galantamine 24 mg modified release capsule, 28

8772Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	43.37	40.30	[a] APO-Galantamine MR [TX] [a] Galantyl [AF] [a] Reminyl [JC]	[a] Galantamine AN SR [EA] [a] Gamine XR [RW]

galantamine 8 mg modified release capsule, 28

8770N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.36	34.61	[a] APO-Galantamine MR [TX] [a] Galantyl [AF] [a] Reminyl [JC]	[a] Galantamine AN SR [EA] [a] Gamine XR [RW]

▪ RIVASTIGMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4219

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

rivastigmine 13.3 mg/24 hours patch, 30

10538P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	80.98	40.30	[a] Exelon Patch 15 [NV]	[a] Rivastigmelon Patch 15 [AF]

rivastigmine 9.5 mg/24 hours patch, 30

2551G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	80.98	40.30	[a] Exelon Patch 10 [NV]	[a] Rivastigmelon Patch 10 [AF]

rivastigmine 4.6 mg/24 hours patch, 30

2477J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	80.98	40.30	[a] Exelon Patch 5 [NV]	[a] Rivastigmelon Patch 5 [AF]

rivastigmine 1.5 mg capsule, 56

2475G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	88.70	40.30	Exelon [NV]

rivastigmine 3 mg capsule, 56

2493F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	88.70	40.30	Exelon [NV]

rivastigmine 4.5 mg capsule, 56

2494G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	88.70	40.30	Exelon [NV]

rivastigmine 6 mg capsule, 56

2526Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	88.70	40.30	Exelon [NV]

▪ RIVASTIGMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

rivastigmine 13.3 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10541T NP	1	5	..	80.98	40.30	[a] Exelon Patch 15 [NV]	[a] Rivastigmelon Patch 15 [AF]

rivastigmine 9.5 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9162F NP	1	5	..	80.98	40.30	[a] Exelon Patch 10 [NV]	[a] Rivastigmelon Patch 10 [AF]

rivastigmine 4.6 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9161E NP	1	5	..	80.98	40.30	[a] Exelon Patch 5 [NV]	[a] Rivastigmelon Patch 5 [AF]

rivastigmine 1.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8497F NP	1	5	..	88.70	40.30	Exelon [NV]

rivastigmine 3 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8498G NP	1	5	..	88.70	40.30	Exelon [NV]

rivastigmine 4.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8499H NP	1	5	..	88.70	40.30	Exelon [NV]

rivastigmine 6 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8500J NP	1	5	..	88.70	40.30	Exelon [NV]

Other anti-dementia drugs

▪ MEMANTINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4214

Moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

memantine hydrochloride 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2492E NP	1	5	..	41.68	40.30	[a] APO-Memantine [TX] [a] Memantine generichealth [GQ]	[a] Ebixa [LU] [a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2513G NP	1	5	..	41.68	40.30	[a] APO-Memantine [TX] [a] Memantine generichealth [GQ]	[a] Ebixa [LU]

▪ MEMANTINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 to 14, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE of 10 to 14.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 to 14 for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

memantine hydrochloride 10 mg tablet, 56

1956Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	41.68	40.30	[a] APO-Memantine [TX]	[a] Ebixa [LU]
					[a] Memantine generichealth [GQ]	[a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

9306T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	41.68	40.30	[a] APO-Memantine [TX]	[a] Ebixa [LU]
					[a] Memantine generichealth [GQ]	

▪ OTHER NERVOUS SYSTEM DRUGS

PARASYMPATHOMIMETICS

Anticholinesterases

▪ PYRIDOSTIGMINE

pyridostigmine bromide 10 mg tablet, 50

2724J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*23.21	24.46	Mestinon [IL]

pyridostigmine bromide 180 mg modified release tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2608G	2	5	..	*116.93	40.30	Mestinon Timespan [IL]

pyridostigmine bromide 60 mg tablet, 150

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1959D	1	5	..	59.40	40.30	Mestinon [IL]

Choline esters

▪ BETHANECHOL

bethanechol chloride 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1062X NP	1	2	..	34.41	35.66	Uro-Carb [YN]

DRUGS USED IN ADDICTIVE DISORDERS

Drugs used in nicotine dependence

▪ BUPROPION

Note Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.
Note The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.
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)

6881

Nicotine dependence

Treatment Phase: Completion of a short-term (9 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment, **AND**
- Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

bupropion hydrochloride 150 mg modified release tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8710K NP	1	..	..	165.79	40.30	Zyban [AS]

▪ BUPROPION

Note Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.
Note The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.
Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.
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)

6882

Nicotine dependence

Treatment Phase: Commencement of a short-term (9 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

bupropion hydrochloride 150 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8465M NP	1	..	..	62.92	40.30	Zyban [AS]

▪ NICOTINE

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.

Restricted benefit

Nicotine dependence

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 12 weeks of PBS-subsidised nicotine replacement therapy per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

nicotine 14 mg/24 hours patch, 28

5572G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.36	40.30	Nicotinell Step 2 [ON]

nicotine 21 mg/24 hours patch, 28

3414Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.36	40.30	Nicotinell Step 1 [ON]

nicotine 7 mg/24 hours patch, 28

5573H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.36	40.30	Nicotinell Step 3 [ON]

▪ NICOTINE

Note Only 2 courses of PBS-subsidised nicotine replacement therapy may be prescribed per 12-month period. Benefit is improved if used in conjunction with a comprehensive support and counselling program.

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.

Restricted benefit

Nicotine dependence

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Clinical criteria:

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

nicotine 21 mg/24 hours patch, 28

5571F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.36	40.30	Nicotinell Step 1 [ON]

▪ NICOTINE

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.

Restricted benefit

Nicotine dependence

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Clinical criteria:

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

Note Only 2 courses of PBS-subsidised nicotine replacement therapy may be prescribed per 12-month period. Benefit is improved if used in conjunction with a comprehensive support and counselling program.

Restricted benefit

Nicotine dependence

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 12 weeks of PBS-subsidised nicotine replacement therapy per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

nicotine 2 mg lozenge, 216

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11617K NP	1	2	..	49.36	40.30	Nicotinell [ON]

nicotine 4 mg lozenge, 216

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11619M NP	1	2	..	49.36	40.30	Nicotinell [ON]

nicotine 25 mg/16 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10076H NP	1	2	..	49.36	40.30	nicorette 16hr Invisipatch [JT]

nicotine 2 mg chewing gum, 216

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11618L NP	2	1	..	*68.31	40.30	Nicotinell [ON]

nicotine 4 mg chewing gum, 216

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11612E NP	1	2	..	49.36	40.30	Nicotinell [ON]

nicotine 21 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5465P NP	1	2	..	49.36	40.30	Nicabate P [GC]

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

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)

6885

Nicotine dependence

Treatment Phase: Completion of a short-term (24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment, **AND**
- Patient must have ceased smoking in the process of completing an initial 12-weeks or ceased smoking following an initial 12-weeks of PBS-subsidised treatment with this drug in the current course of treatment.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

varenicline 1 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5469W NP	1	2	..	100.09	40.30	Champix [PF]

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

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)

7483

Nicotine dependence

Treatment Phase: Continuation of a short-term (12 weeks or 24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received treatment with this drug during this current course of treatment.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

varenicline 1 mg tablet, 56

9129L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*188.71	40.30	Champix [PF]

NP

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.
Note The period between commencing varenicline and bupropion or a new course of varenicline must be at least 6 months.
Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.
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)
6871
Nicotine dependence
Treatment Phase: Commencement of a short-term (12 weeks or 24 weeks) course of treatment
Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 24 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.
Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

varenicline 500 microgram tablet [11 tablets] (&) varenicline 1 mg tablet [42 tablets], 53

9128K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	86.64	40.30	Champix [PF]

NP

Drugs used in alcohol dependence

▪ ACAMPROSATE

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)
5366
Alcohol dependence
Clinical criteria:

- The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence.

acamprosate calcium 333 mg enteric tablet, 180

8357W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	127.68	40.30	[a] Acamprosate Mylan [AL] [a] Campral [AF]	[a] APO-Acamprosate [TX]

NP

▪ NALTREXONE

Caution Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.
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
Alcohol dependence
Clinical criteria:

- The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence.

naltrexone hydrochloride 50 mg tablet, 30

8370M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	128.98	40.30	[a] APO-Naltrexone [TX]	[a] Naltrexone GH [GQ]

NP

OTHER NERVOUS SYSTEM DRUGS

Other nervous system drugs

▪ RILUZOLE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Amyotrophic lateral sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed by a neurologist, **AND**
- Patient must not have had the disease for more than 5 years, **AND**
- Patient must have at least 60 percent of predicted forced vital capacity within the 2 months before commencing therapy with this drug, **AND**
- Patient must be ambulatory; OR
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

The date of diagnosis and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.

Authority required

Amyotrophic lateral sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be ambulatory; OR
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

riluzole 50 mg/10 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11662T NP	2	5	..	*239.17	40.30	Teglutik [CS]

riluzole 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8664B NP	1	5	..	203.71	40.30	[a] APO-Riluzole [TX] [a] Rilutek [SW]	[a] Pharmacor Riluzole [CR] [a] Riluzole Sandoz [SZ]

▪ TETRABENAZINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5340

Hyperkinetic extrapyramidal disorders

tetrabenazine 25 mg tablet, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1330B NP	1	5	..	290.59	40.30	iNova Pharmaceuticals (Australia) Pty Ltd [IL]

▪ ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

▪ ANTIPROTOZOALS

AGENTS AGAINST AMOEBIASIS AND OTHER PROTOZOAL DISEASES

Other agents against amoebiasis and other protozoal diseases

▪ ATOVAQUONE

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.

Authority required (STREAMLINED)

5609

Mild to moderate Pneumocystis carinii pneumonia

Population criteria:

- Patient must be an adult, **AND**
- Patient must be intolerant of trimethoprim/sulfamethoxazole therapy.

atovaquone 750 mg/5 mL oral liquid, 210 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8300W NP	‡1	..	..	977.24	40.30	Wellvone [AS]

ANTIMALARIALS

Biguanides

▪ ATOVAQUONE + PROGUANIL

Note This drug is not PBS-subsidised for prophylaxis of malaria.

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.

Restricted benefit

Confirmed or suspected Plasmodium falciparum malaria

Population criteria:

- Patient must be aged 3 years or older.

Clinical criteria:

- The treatment must be used where quinine containing regimens are inappropriate.

atovaquone 250 mg + proguanil hydrochloride 100 mg tablet, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9439T NP	1	..	..	66.55	40.30	Malarone [GK]

Methanolquinolines

▪ QUININE

Caution Severe thrombocytopenia has been reported with this drug.

Authority required (STREAMLINED)

5633

Malaria

quinine sulfate dihydrate 300 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1975Y NP	1	2	..	20.30	21.55	Quinate [RW]

Artemisinin and derivatives, combinations

▪ ARTEMETHER + LUMEFANTRINE

Note This drug is not PBS-subsidised for prophylaxis of malaria.

Restricted benefit

Confirmed or suspected Plasmodium falciparum malaria

Clinical criteria:

- Patient must be unable to swallow a solid dosage form of artemether with lumefantrine.

artemether 20 mg + lumefantrine 120 mg dispersible tablet, 18

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5296R	1	..	..	109.76	40.30	Riamet 20mg/120mg Dispersible [SZ]

▪ ARTEMETHER + LUMEFANTRINE

Note This drug is not PBS-subsidised for prophylaxis of malaria.

Restricted benefit

Confirmed or suspected Plasmodium falciparum malaria

artemether 20 mg + lumefantrine 120 mg tablet, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9498X	1	..	..	89.63	40.30	Riamet [SZ]

▪ ANTHELMINTICS

ANTITREMATODALS

Quinoline derivatives and related substances

▪ PRAZIQUANTEL

Authority required (STREAMLINED)

5659

Schistosomiasis

praziquantel 600 mg tablet, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9447F	1	..	..	39.93	40.30	Biltricide [BN]

NP

ANTINEMATODAL AGENTS

Benzimidazole derivatives

▪ ALBENDAZOLE

Authority required (STREAMLINED)
5607
Hydatid disease
Clinical criteria:
- The treatment must be in conjunction with surgery; OR
- The treatment must be used when a surgical cure cannot be achieved; OR
- The treatment must be used when surgery cannot be used.

albendazole 400 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8459F	1	2	..	165.92	40.30	Eskazole [AS]

▪ ALBENDAZOLE

Authority required (STREAMLINED)
5680
Tapeworm infestation

albendazole 200 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8503M	1	1	..	35.13	36.38	Zentel [AS]

NP

▪ ALBENDAZOLE

Authority required (STREAMLINED)
5817
Whipworm infestation
Population criteria:
- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)
5712
Strongyloidiasis
Authority required (STREAMLINED)
5797
Hookworm infestation

albendazole 200 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9047E	1	..	..	35.13	36.38	Zentel [AS]

NP

Tetrahydropyrimidine derivatives

▪ PYRANTEL

pyrantel 125 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3047J	1	..	..	17.25	18.50	Anthel 125 [AF]

NP

pyrantel 250 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3048K	1	..	..	23.04	24.29	Anthel 250 [AF]

NP

Avermectines

▪ IVERMECTIN

Authority required (STREAMLINED)
4319
Onchocerciasis

ivermectin 3 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8359Y	1	..	..	29.06	30.31	Stromectol [MK]

NP

▪ IVERMECTIN

Authority required (STREAMLINED)

4328

Strongyloidiasis

Authority required (STREAMLINED)

4565

Crusted (Norwegian) scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination, **AND**
- Patient must be undergoing topical therapy for this condition; OR
- Patient must have a contraindication to topical treatment.

Population criteria:

- Patient must weigh 15 kg or over, **AND**
- Patient must be 5 years of age or older.

Authority required (STREAMLINED)

4566

Human sarcoptic scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination, **AND**
- Patient must have completed and failed sequential treatment with topical permethrin and benzyl benzoate and finished the most recent course of topical therapy at least 4 weeks prior to initiating oral therapy; OR
- Patient must have a contraindication to topical treatment.

Population criteria:

- Patient must weigh 15 kg or over, **AND**
- Patient must be 5 years of age or older.

Note This drug is not PBS-subsidised for first line treatment of typical scabies.

ivermectin 3 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2868Y NP	2	2	..	*46.65	40.30	Stromectol [MK]

▪ ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS

ECTOPARASITICIDES, INCL. SCABICIDES

Pyrethrines, incl. synthetic compounds

▪ PERMETHRIN

permethrin 5% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3054R NP	‡1	1	..	18.79	20.04	Lyclear [JT]

▪ RESPIRATORY SYSTEM

▪ NASAL PREPARATIONS

DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

Other nasal preparations

▪ MUPIROCIN

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)

6647

Staphylococcus aureus infection

Clinical criteria:

- Patient must have nasal colonisation with the bacteria.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

mupirocin 2% (20 mg/g) ointment, 3 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9440W NP	‡1	..	..	25.00	26.25	Bactroban [GK]

▪ DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

ADRENERGICS, INHALANTS

Selective beta-2-adrenoreceptor agonists

▪ FORMOTEROL (EFORMOTEROL)

Restricted benefit

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

formoterol (eformoterol) fumarate dihydrate 12 microgram powder for inhalation, 60 capsules

8136F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	33.32	34.57	Foradile [SZ]

formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

8240Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	32.68	33.93	Oxis Turbuhaler [AP]

formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

8239P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	25.59	26.84	Oxis Turbuhaler [AP]

▪ INDACATEROL

Note This drug is not PBS-subsidised for the treatment of asthma.

Note The treatment must not be used in combination with an ICS/LABA, or LAMA/LABA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note An ICS/LABA includes budesonide/formoterol, fluticasone/salmeterol, or fluticasone/vilanterol

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

indacaterol 150 microgram powder for inhalation, 30 capsules

5134F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.81	40.30	Onbrez [NV]

indacaterol 300 microgram powder for inhalation, 30 capsules

5137J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.81	40.30	Onbrez [NV]

▪ SALBUTAMOL

salbutamol 100 microgram/actuation inhalation, 200 actuations

8288F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*19.87	21.12	[a] Asmol CFC-free [AL]
		[B]2.58	*22.45	21.12	[a] Ventolin CFC-free [GK]

salbutamol 200 microgram powder for inhalation, 128 capsules

10143W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*22.23	23.48	Ventolin Rotacaps [GK]

▪ SALBUTAMOL

Restricted benefit

Bronchospasm

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

salbutamol 100 microgram/actuation breath activated inhalation, 200 actuations

8354Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*39.47	40.30	Airomir Autohaler [IL]

▪ SALBUTAMOL

Note Pharmaceutical benefits that have a 30 x 2 pack size and a 20 x 3 pack size are equivalent for the purposes of substitution**.**

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11130T NP	3	5	[B]5.01	*24.49	20.73	[a] Ventolin Nebules [GK]

salbutamol 5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11095Y NP	3	5	[B]4.98	*24.88	21.15	[a] Ventolin Nebules [GK]

salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2000G NP	2	5	..	*19.49	20.74	[a] APO-Salbutamol [TX]	[a] Salbutamol Actavis [EA]
						[a] Salbutamol AN [ED]	[a] Salbutamol Cipla [LR]
			[B]0.50	*19.99	20.74	[a] Asmol 2.5 uni-dose [AF]	

salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2001H NP	2	5	..	*19.91	21.16	[a] APO-Salbutamol [TX]	[a] Salbutamol Actavis [EA]
						[a] Salbutamol AN [ED]	[a] Salbutamol Cipla [LR]
			[B]0.50	*20.41	21.16	[a] Asmol 5 uni-dose [AF]	

▪ SALMETEROL

Restricted benefit

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8141L NP	‡1	5	..	33.32	34.57	Serevent Accuhaler [GK]

▪ TERBUTALINE

terbutaline sulfate 500 microgram/actuation powder for inhalation, 100 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2817G NP	2	5	..	*19.55	20.80	Bricanyl Turbuhaler [AP]

Adrenergics in combination with corticosteroids or other drugs, excl. anticholinergics

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4380

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:

- Patient must be aged 12 years or over.

budesonide 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

8796Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	48.06	40.30	Symbicort Turbuhaler 100/6 [AP]

NP

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4397

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist.

Population criteria:

- Patient must be aged 12 years or over.

budesonide 50 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

10024N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*46.25	40.30	Symbicort Rapihaler 50/3 [AP]

NP

budesonide 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

10015D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*49.47	40.30	Symbicort Rapihaler 100/3 [AP]

NP

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brand Symbicort Turbuhaler 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 18 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7970

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

11273H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	44.79	40.30	[a] DuoResp Spiromax [TB]

NP

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brand Symbicort Turbuhaler 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7970

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

8625Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	44.79	40.30	[a] Symbicort Turbuhaler 200/6 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4404

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Authority required (STREAMLINED)

4689

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have a forced expiratory volume in 1 second (FEV1) less than 50% of predicted normal prior to therapy, **AND**
- Patient must have a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- The treatment must be for symptomatic treatment.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

10018G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*71.43	40.30	Symbicort Rapihaler 200/6 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 400/12 powder for inhalation, 2 x 60 actuations and pharmaceutical benefits that have the brand Symbicort Turbuhaler 400/12 powder for inhalation, 2 x 60 actuations are equivalent for the purposes of substitution.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7979
Asthma
Clinical criteria:
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Patient must be aged 18 years or older.
Note Symbicort 400/12 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Authority required (STREAMLINED)
4689
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:
- Patient must have a forced expiratory volume in 1 second (FEV1) less than 50% of predicted normal prior to therapy, **AND**
- Patient must have a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- The treatment must be for symptomatic treatment.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

11301T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	64.06	40.30	[a] DuoResp Spiromax [TB]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 400/12 powder for inhalation, 2 x 60 actuations and pharmaceutical benefits that have the brand Symbicort Turbuhaler 400/12 powder for inhalation, 2 x 60 actuations are equivalent for the purposes of substitution.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
7979
Asthma
Clinical criteria:
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Symbicort 400/12 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note Patient must be aged 18 years or older.

Authority required (STREAMLINED)
4689
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:
- Patient must have a forced expiratory volume in 1 second (FEV1) less than 50% of predicted normal prior to therapy, **AND**
- Patient must have a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- The treatment must be for symptomatic treatment.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

8750M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	64.06	40.30	[a] Symbicort Turbuhaler 400/12 [AP]

▪ FLUTICASONE + FORMOTEROL (EFORMOTEROL)

Note Flutiform is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note Flutiform is not indicated or PBS-subsidised for bronchodilator therapy in COPD.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
4395
Asthma
Clinical criteria:
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:
- Patient must be aged 12 years or over.

fluticasone propionate 50 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

2827T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	37.30	38.55	flutiform 50/5 [MF]

fluticasone propionate 125 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

10007Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	45.16	40.30	flutiform 125/5 [MF]

fluticasone propionate 250 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 10 microgram/actuation inhalation, 120 actuations

10008R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	60.07	40.30	flutiform 250/10 [MF]

▪ FLUTICASONE + SALMETEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
4930
Asthma
Clinical criteria:
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:
- Patient must be aged 4 years or older.

fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8518H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	48.64	40.30	[a] Fluticasone + Salmeterol Cipla 125/25 [LR]	[a] Pavtide [GC]
					[a] SalplusF Inhaler 125/25 [SZ]	[a] Seretide MDI 125/25 [GK]

fluticasone propionate 50 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8517G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	41.95	40.30	Seretide MDI 50/25 [GK]

fluticasone propionate 100 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8430Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	41.95	40.30	Seretide Accuhaler 100/50 [GK]

fluticasone propionate 250 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8431R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	48.64	40.30	Seretide Accuhaler 250/50 [GK]

▪ FLUTICASONE + SALMETEROL

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4930

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Authority required (STREAMLINED)

4689

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have a forced expiratory volume in 1 second (FEV1) less than 50% of predicted normal prior to therapy, **AND**
- Patient must have a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- The treatment must be for symptomatic treatment.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8519J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	61.78	40.30	[a] Fluticasone + Salmeterol Cipla 250/25 [LR]	[a] Pavtide [GC]
					[a] SalplusF Inhaler 250/25 [SZ]	[a] Seretide MDI 250/25 [GK]

fluticasone propionate 500 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8432T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	61.78	40.30	Seretide Accuhaler 500/50 [GK]

▪ FLUTICASONE FUROATE + VILANTEROL

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4731

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

fluticasone furoate 200 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

11129R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	72.01	40.30	Breo Ellipta 200/25 [GK]

▪ FLUTICASONE FUROATE + VILANTEROL

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4711
Asthma
Clinical criteria:
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:
- Patient must be aged 12 years or over.

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Authority required (STREAMLINED)
4689
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:
- Patient must have a forced expiratory volume in 1 second (FEV1) less than 50% of predicted normal prior to therapy, **AND**
- Patient must have a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- The treatment must be for symptomatic treatment.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone furoate 100 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11124L NP	‡1	5	..	56.51	40.30	Breo Ellipta 100/25 [GK]

Adrenergics in combination with anticholinergics incl. triple combinations with corticosteroids

▪ ACLIDINIUM + FORMOTEROL (EFORMOTEROL)

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
7798
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

aclidinium 340 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10565C NP	‡1	5	..	87.77	40.30	Brimica Genuair [FK]

▪ FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.
Note Diagnosis of COPD should be confirmed with spirometry.
Note This product is not PBS-subsidised for the treatment of asthma or the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7651

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have a forced expiratory volume in 1 second (FEV1) less than 50% of predicted normal prior to therapy,

AND

- Patient must have a history of repeated exacerbations with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA), or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11379X NP	‡1	5	..	97.50	40.30	Trelegy Ellipta 100/62.5/25 [GK]

▪ INDACATEROL + GLYCOPYRRONIUM

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

indacaterol 110 microgram + glycopyrronium 50 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10156M NP	1	5	..	88.88	40.30	ultibro breezhaler 110/50 [NV]

▪ TIOTROPIUM + OLODATEROL

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

tiotropium 2.5 microgram/actuation + olodaterol 2.5 microgram/actuation inhalation solution, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10557P NP	‡1	5	..	83.39	40.30	Spiolto Respimat [BY]

▪ UMECLIDINIUM + VILANTEROL

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
7798
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10188F NP	‡1	5	..	92.95	40.30	Anoro Ellipta 62.5/25 [GK]

OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS

Glucocorticoids

▪ BECLOMETASONE

beclometasone dipropionate 50 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8406K NP	‡1	5	..	20.58	21.83	Qvar 50 [IL]

beclometasone dipropionate 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8407L NP	‡1	5	..	30.59	31.84	Qvar 100 [IL]

▪ BECLOMETASONE

Restricted benefit
Asthma
Clinical criteria:

- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

beclometasone dipropionate 100 microgram/actuation breath activated inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8409N NP	‡1	5	..	34.59	35.84	Qvar 100 Autohaler [IL]

beclometasone dipropionate 50 microgram/actuation breath activated inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8408M NP	‡1	5	..	26.63	27.88	Qvar 50 Autohaler [IL]

▪ BUDESONIDE

budesonide 100 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2070Y NP	‡1	5	..	23.44	24.69	Pulmicort Turbuhaler [AP]

budesonide 200 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2071B NP	‡1	5	..	28.89	30.14	Pulmicort Turbuhaler [AP]

budesonide 400 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2072C NP	‡1	5	..	39.85	40.30	Pulmicort Turbuhaler [AP]

▪ BUDESONIDE

Authority required (STREAMLINED)

6340

Severe chronic asthma

Clinical criteria:

- Patient must require long-term steroid therapy, **AND**
- Patient must not be able to use other forms of inhaled steroid therapy.

budesonide 1 mg/2 mL inhalation solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2066R NP	‡1	5	..	42.41	40.30	Pulmicort Respules [AP]

budesonide 500 microgram/2 mL inhalation solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2065Q NP	‡1	5	..	33.69	34.94	Pulmicort Respules [AP]

▪ CICLESONIDE

ciclesonide 160 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8854B NP	‡1	5	..	38.26	39.51	Alvesco 160 [AP]

ciclesonide 80 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8853Y NP	‡1	5	..	26.15	27.40	Alvesco 80 [AP]

▪ FLUTICASONE

fluticasone propionate 125 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8345F NP	‡1	5	..	28.31	29.56	[a] Flixotide [GK]	[a] Fluticasone Cipla Inhaler [LR]

fluticasone propionate 250 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8346G NP	‡1	1	..	42.45	40.30	[a] Flixotide [GK]	[a] Fluticasone Cipla Inhaler [LR]

fluticasone propionate 50 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8516F NP	‡1	5	..	18.89	20.14	Flixotide Junior [GK]

fluticasone propionate 100 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8147T NP	‡1	5	..	18.89	20.14	Flixotide Junior Accuhaler [GK]

fluticasone propionate 250 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8148W NP	‡1	5	..	28.31	29.56	Flixotide Accuhaler [GK]

fluticasone propionate 500 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8149X NP	‡1	1	..	42.45	40.30	Flixotide Accuhaler [GK]

Anticholinergics

▪ ACLIDINIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

aclidinium 322 microgram/actuation inhalation: powder for, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10124W NP	‡1	5	..	62.36	40.30	Bretaris Genuair [FK]

▪ GLYCOPYRRONIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

glycopyrronium 50 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10059K NP	1	5	..	59.81	40.30	seebri breezhaler [NV]

▪ IPRATROPIUM

ipratropium bromide monohydrate 21 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8671J NP	2	5	..	*35.33	36.58	Atrovent [BY]

▪ IPRATROPIUM

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

ipratropium bromide 250 microgram/mL inhalation solution, 30 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1542E NP	2	5	..	*27.73	28.98	[a] Aeron 250 [QA] [a] Ipratrin [AF]	[a] APO-Ipratropium [TX]
			[B]0.50	*28.23	28.98	[a] Atrovent [BY]	

ipratropium bromide 500 microgram/mL inhalation solution, 30 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8238N NP	2	5	..	*30.67	31.92	[a] Aeron 500 [QA] [a] Ipratrin Adult [AF]	[a] APO-Ipratropium [TX]
			[B]0.50	*31.17	31.92	[a] Atrovent Adult [BY]	

▪ TIOTROPIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Restricted benefit

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe exacerbation, which has required documented use of systemic corticosteroids, in the previous 12 months while receiving optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be aged 18 years or older.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

11043F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	52.80	40.30	Spiriva Respimat [BY]

NP

▪ TIOTROPIUM

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

8606

Severe asthma

Treatment criteria:

- Must be treated by a respiratory physician, paediatric respiratory physician, clinical immunologist, allergist, paediatrician or general physician experienced in the management of patients with severe asthma; or in consultation with one of these specialists.

Clinical criteria:

- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must have experienced at least one severe exacerbation prior to receiving PBS-subsidised treatment with this drug for this condition, which has required documented use of systemic corticosteroids in the previous 12 months while receiving optimised asthma therapy; OR
- Patient must have experienced frequent episodes of moderate asthma exacerbations prior to receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Optimised asthma therapy includes adherence to the maintenance combination of a medium to high dose ICS and a LABA. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

11629C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	52.80	40.30	Spiriva Respimat [BY]

NP

▪ TIOTROPIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease

Treatment Phase: Long-term maintenance treatment

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

10509D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	52.80	40.30	Spiriva Respimat [BY]

NP

▪ TIOTROPIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

tiotropium 18 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8626B NP	1	5	..	52.80	40.30	Spiriva [BY]

▪ UMECLIDINIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

umeclidinium 62.5 microgram/actuation inhalation: powder for, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10187E NP	‡1	5	..	62.36	40.30	Incruse Ellipta [GK]

Antiallergic agents, excl. corticosteroids

▪ CROMOGLYCATE

sodium cromoglycate 5 mg/actuation inhalation, 112 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8334P NP	‡1	5	..	39.21	40.30	Intal Forte CFC-Free [SW]

sodium cromoglycate 1 mg/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8767K NP	‡1	5	..	35.03	36.28	Intal CFC-Free [SW]

▪ NEDOCROMIL

nedocromil sodium 2 mg/actuation inhalation, 112 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8365G NP	‡1	5	..	35.10	36.35	Tilade CFC-Free [SW]

ADRENERGICS FOR SYSTEMIC USE

Alpha- and beta-adrenoreceptor agonists

▪ ADRENALINE (EPINEPHRINE)

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1016L NP	1	1	..	21.14	22.39	Link Medical Products Pty Ltd [LM]

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5004J DP	1	..	..	21.14	22.39	Link Medical Products Pty Ltd [LM]

▪ ADRENALINE (EPINEPHRINE)

Note The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)

Note Authority approvals will be limited to a maximum quantity of 2 auto-injectors at any one time.

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

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

adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8697R NP	1	..	..	83.72	40.30	[a] Adrenaline Jr Mylan [AF]	[a] EpiPen Jr. [AL]

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8698T NP	1	..	..	83.72	40.30	[a] Adrenaline Mylan [AF]	[a] EpiPen [AL]

Selective beta-2-adrenoreceptor agonists

▪ SALBUTAMOL

salbutamol 2 mg/5 mL oral liquid, 150 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1103C NP	2	5	..	*25.21	26.46	Ventolin [GK]

▪ TERBUTALINE

terbutaline sulfate 500 microgram/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1034K NP	1	..	..	28.55	29.80	Bricanyl [AP]

OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

Xanthines

▪ THEOPHYLLINE

Caution Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

theophylline 133.3 mg/25 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2614N NP	‡1	5	..	16.26	17.51	Nuelin [IL]

theophylline 200 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8230E NP	1	5	..	15.53	16.78	Nuelin-SR 200 [IL]

theophylline 250 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2634P NP	1	5	..	16.35	17.60	Nuelin-SR 250 [IL]

theophylline 300 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8231F NP	1	5	..	17.34	18.59	Nuelin-SR 300 [IL]

Leukotriene receptor antagonists

▪ MONTELUKAST

Note This drug is not PBS-subsidised for use in a child aged 2 to 5 years with moderate to severe asthma. It is not intended as an alternative for a child aged 2 to 5 years who requires a corticosteroid as a preventer medication.

Note This drug is not subsidised in a child aged 2 to 5 years for use in combination with other preventer medications. PBS subsidy for this drug will therefore cease for a child aged 2 to 5 years who requires a preventer medication in addition to this drug.

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)

6666
Asthma
Treatment Phase: First-line prevention
Population criteria:
- Patient must be aged 2 to 5 years inclusive.

Clinical criteria:
- The condition must be frequent intermittent; OR
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; OR
- The treatment must be an alternative to nedocromil sodium.

montelukast 4 mg chewable tablet, 28

8627C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.63	19.88	[a] APO-Montelukast [TX]	[a] Auro-Montelukast Tabs 4 [DO]
					[a] Lukair [AL]	[a] Montelukast AN [EA]
					[a] Montelukast APOTEX [GX]	[a] Montelukast GH [GQ]
					[a] Montelukast Sandoz 4 [SZ]	[a] Respikast 4 [RW]
		[B]3.00	21.63	19.88	[a] Singulair [MK]	

▪ MONTELUKAST

Note This drug is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

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)
6674
Asthma
Treatment Phase: First-line prevention
Clinical criteria:
- The condition must be frequent intermittent; OR
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; OR
- The treatment must be an alternative to nedocromil sodium.

Population criteria:
- Patient must be aged 6 to 14 years inclusive.

Authority required (STREAMLINED)
7781
Asthma
Treatment Phase: Prevention of condition
Clinical criteria:
- The condition must be exercise-induced, **AND**
- The treatment must be as an alternative to adding salmeterol xinafoate; OR
- The treatment must be an alternative to adding formoterol fumarate, **AND**
- The condition must be otherwise well controlled while receiving optimal dose inhaled corticosteroid, **AND**
- Patient must require short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms.

Population criteria:
- Patient must be aged 6 to 14 years inclusive.

montelukast 5 mg chewable tablet, 28

8628D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.21	19.46	[a] APO-Montelukast [TX]	[a] Auro-Montelukast Tabs 5 [DO]
					[a] Lukair [AL]	[a] Montelukast AN [EA]
					[a] Montelukast APOTEX [GX]	[a] Montelukast GH [GQ]
					[a] Montelukast Sandoz 5 [SZ]	[a] Respikast 5 [RW]
		[B]3.00	21.21	19.46	[a] Singulair [MK]	

▪ COUGH AND COLD PREPARATIONS

COUGH SUPPRESSANTS, EXCL. COMBINATIONS WITH EXPECTORANTS

Opium alkaloids and derivatives

▪ CODEINE

codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1214X NP	1	..	..	20.06	21.31	Aspen Pharma Pty Ltd [QA]

▪ ANTIHISTAMINES FOR SYSTEMIC USE

ANTIHISTAMINES FOR SYSTEMIC USE

Phenothiazine derivatives

▪ PROMETHAZINE

promethazine hydrochloride 50 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1948M NP	2	..	..	*35.07	36.32	Hospira Pty Limited [PF]

▪ SENSORY ORGANS

▪ OPHTHALMOLOGICALS

ANTIINFECTIVES

Antibiotics

▪ AZITHROMYCIN

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.

Restricted benefit
Trachoma

azithromycin 200 mg/5 mL powder for oral liquid, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8201P NP	‡1	..	..	#26.77	28.38	Zithromax [PF]

azithromycin 500 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8336R NP	1	2	..	15.76	17.01	[a] APO-Azithromycin [TX] [a] Azithromycin Sandoz [SZ] [a] Terry White Chemists Azithromycin [TW] [a] Zithromax [PF]	[a] Azithromycin Mylan [AF] [a] Chem mart Azithromycin [CH] [a] ZITHRO [RW]

▪ CHLORAMPHENICOL

Restricted benefit
For treatment of a patient identifying as Aboriginal or Torres Strait Islander

chloramphenicol 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11112W OP NP MW	‡1	2	..	15.46	16.71	Chlorsig [QA]

▪ GENTAMICIN

Restricted benefit
Perioperative use in ophthalmic surgery
Restricted benefit
Suspected Pseudomonal eye infection

gentamicin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5566Y OP	‡1	2	..	21.80	23.05	Genoptic [AG]

▪ GENTAMICIN

Restricted benefit
Invasive ocular infection
Restricted benefit
Perioperative use in ophthalmic surgery
Restricted benefit
Suspected Pseudomonal eye infection

gentamicin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1441W	‡1	2	..	21.80	23.05	Genoptic [AG]

▪ TOBRAMYCIN

Restricted benefit

Perioperative use in ophthalmic surgery

Restricted benefit

Suspected Pseudomonal eye infection

tobramycin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5569D OP	‡1	2	..	22.10	23.35	Tobrex [NV]

tobramycin 0.3% eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5570E OP	‡1	..	..	24.66	25.91	Tobrex [NV]

▪ TOBRAMYCIN

Restricted benefit

Invasive ocular infection

Restricted benefit

Perioperative use in ophthalmic surgery

Restricted benefit

Suspected Pseudomonal eye infection

tobramycin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2328M	‡1	2	..	22.10	23.35	Tobrex [NV]

tobramycin 0.3% eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2329N	‡1	..	..	24.66	25.91	Tobrex [NV]

Antivirals

▪ ACICLOVIR

Restricted benefit

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11654J OP	‡1	..	..	64.70	40.30	[a] AciVision [DZ]

aciclovir 3% eye ointment, 4.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5501M OP	‡1	..	..	38.47	39.72	[a] Zovirax [GK]

▪ ACICLOVIR

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.

Restricted benefit

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1002R NP	‡1	..	..	38.47	39.72	[a] Zovirax [GK]

aciclovir 3% eye ointment, 4.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11652G NP	‡1	..	..	64.70	40.30	[a] AciVision [DZ]

Fluoroquinolones

▪ CIPROFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ciprofloxacin 0.3% eye drops, 5 mL

1217C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*30.67	31.92	[a] CiloQuin [NM]
		[B]4.36	*35.03	31.92	[a] Ciloxan [NV]

▪ CIPROFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ciprofloxacin 0.3% eye drops, 5 mL

5564W

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*30.67	31.92	[a] CiloQuin [NM]
		[B]4.36	*35.03	31.92	[a] Ciloxan [NV]

▪ OFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ofloxacin 0.3% eye drops, 5 mL

5567B

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*31.89	33.14	Ocuflox [AG]

▪ OFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ofloxacin 0.3% eye drops, 5 mL

8383F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*31.89	33.14	Ocuflox [AG]

ANTIINFLAMMATORY AGENTS

Corticosteroids, plain

▪ DEXAMETHASONE

dexamethasone 0.1% eye drops, 5 mL

1288T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	15.12	16.37	Maxidex [NV]

▪ DEXAMETHASONE

Authority required

Non-infectious posterior segment uveitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have documented visual impairment defined as a best corrected visual acuity score of approximate Snellen equivalent 6/12 or worse in the eye proposed for treatment, secondary to vitreous haze or macular oedema, **AND**
- Patient must have unilateral, asymmetric or bilateral flare-up where systemic treatment or further intensification of systemic treatment is not clinically indicated.

dexamethasone 700 microgram implant, 1

11317P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1355.18	40.30	Ozurdex [AG]

▪ DEXAMETHASONE

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

dexamethasone 0.1% eye drops, 5 mL

5565X

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	15.12	16.37	Maxidex [NV]

▪ DEXAMETHASONE

Note Special Pricing Arrangements apply.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must be unsuitable for treatment with VEGF inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Population criteria:

- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form and a copy of the optical coherence tomography or fluorescein angiogram report.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Population criteria:

- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye.

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

dexamethasone 700 microgram implant, 1

10943Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1355.18	40.30	Ozurdex [AG]

▪ DEXAMETHASONE

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

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form and a copy of the optical coherence tomography or fluorescein angiogram report.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

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

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form and a copy of the optical coherence tomography or fluorescein angiogram report.

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
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HOBART TAS 7001

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

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

dexamethasone 700 microgram implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11469P	‡1	1	..	1355.18	40.30	Ozurdex [AG]

▪ FLUOROMETHOLONE

fluorometholone 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1204J (NP)	‡1	5	..	14.44	15.69	FML Liquifilm [AG]

▪ FLUOROMETHOLONE

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

fluorometholone 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5513E (OP)	‡1	..	..	14.44	15.69	FML Liquifilm [AG]

▪ FLUOROMETHOLONE ACETATE

fluorometholone acetate 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1438Q (NP)	‡1	2	..	14.44	15.69	Flarex [NV]

▪ FLUOROMETHOLONE ACETATE

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

fluorometholone acetate 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5533F (OP)	‡1	..	..	14.44	15.69	Flarex [NV]

▪ HYDROCORTISONE ACETATE

hydrocortisone acetate 1% eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2441L (NP)	‡1	..	..	16.93	18.18	Hycor [QA]

▪ HYDROCORTISONE ACETATE

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

hydrocortisone acetate 1% eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5516H OP	‡1	..	..	16.93	18.18	Hycor [QA]

Corticosteroids and mydriatics in combination

▪ PREDNISOLONE ACETATE + PHENYLEPHRINE

Restricted benefit

Corneal grafts

Restricted benefit

Uveitis

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3112T NP	‡1	2	..	28.35	29.60	Prednefrin Forte [AG]

▪ PREDNISOLONE ACETATE + PHENYLEPHRINE

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.

Restricted benefit

Uveitis

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5568C OP	‡1	..	..	28.35	29.60	Prednefrin Forte [AG]

ANTIGLAUCOMA PREPARATIONS AND MIOTICS

Sympathomimetics in glaucoma therapy1)

▪ APRACLONIDINE

Restricted benefit

Intra-ocular pressure

Clinical criteria:

- The treatment must be for short-term reduction of intra-ocular pressure, **AND**
- Patient must already be on maximally tolerated anti-glaucoma therapy.

apraclonidine 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8083K	‡1	2	..	36.54	37.79	Iopidine 0.5% [NV]

▪ BRIMONIDINE

brimonidine tartrate 0.15% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5298W	‡1	5	..	23.41	24.66	Alphagan P 1.5 [AG]

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8351M	‡1	5	..	23.41	24.66	[a] Enidin [PE]
			[B]1.42	24.83	24.66	[a] Alphagan [AG]

▪ BRIMONIDINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brimonidine tartrate 0.15% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5563T OP	‡1	5	..	23.41	24.66	Alphagan P 1.5 [AG]

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5534G OP	‡1	5	..	23.41	24.66	[a] Enidin [PE]
			[B]1.42	24.83	24.66	[a] Alphagan [AG]

▪ BRIMONIDINE + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR

- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8826M	‡1	5	..	28.53	29.78	Combigan [AG]

▪ BRIMONIDINE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5535H OP	‡1	5	..	28.53	29.78	Combigan [AG]

Parasympathomimetics

▪ PILOCARPINE

pilocarpine hydrochloride 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2595N	‡1	5	..	16.79	18.04	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2596P	‡1	5	..	17.88	19.13	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2598R	‡1	5	..	20.36	21.61	Isopto Carpine [NV]

▪ PILOCARPINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

pilocarpine hydrochloride 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5536J OP	‡1	5	..	16.79	18.04	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5537K OP	‡1	5	..	17.88	19.13	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5538L OP	‡1	5	..	20.36	21.61	Isopto Carpine [NV]

Carbonic anhydrase inhibitors

▪ ACETAZOLAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

acetazolamide 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1004W NP	1	3	..	25.01	26.26	Diamox [RW]

▪ BRINZOLAMIDE

brinzolamide 1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8483L	‡1	5	..	25.70	26.95	[a] BrinzoQuin [NM]
			[B]4.78	30.48	26.95	[a] Azopt [NV]

▪ BRINZOLAMIDE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brinzolamide 1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5540N OP	‡1	5	..	25.70	26.95	[a] BrinzoQuin [NM]
			[B]4.78	30.48	26.95	[a] Azopt [NV]

▪ BRINZOLAMIDE + BRIMONIDINE

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10536M	‡1	5	..	28.04	29.29	Simbrinza 1%/0.2% [NV]

▪ BRINZOLAMIDE + BRIMONIDINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10547D OP	‡1	5	..	28.04	29.29	Simbrinza 1%/0.2% [NV]

▪ BRINZOLAMIDE + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3438Y	‡1	5	..	29.27	30.52	Azarga [NV]

▪ BRINZOLAMIDE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5562R OP	‡1	5	..	29.27	30.52	Azarga [NV]

▪ DORZOLAMIDE

dorzolamide 2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8488R	‡1	5	..	19.33	20.58	[a] APO-Dorzolamide [TX] [a] Trusopt [MF]	[a] Trusamide [QA]

▪ DORZOLAMIDE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

dorzolamide 2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5541P	‡1	5	..	19.33	20.58	[a] APO-Dorzolamide [TX]	[a] Trusamide [QA]

					[a] Trusopt [MF]	

▪ DORZOLAMIDE + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

8567X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	22.07	23.32	[a] APO-Dorzolamide/Timolol 20/5 [TX] [a] DORZOLAMIDE/TIMOLOL AN 20/5 [JU]	[a] Cosdor [QA]
		[B]1.00	23.07	23.32	[a] Cosopt [MF]	

▪ DORZOLAMIDE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

5542Q

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	22.07	23.32	[a] APO-Dorzolamide/Timolol 20/5 [TX] [a] DORZOLAMIDE/TIMOLOL AN 20/5 [JU]	[a] Cosdor [QA]
		[B]1.00	23.07	23.32	[a] Cosopt [MF]	

Beta blocking agents1)

▪ BETAXOLOL

betaxolol 0.5% eye drops, 5 mL

2825Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	18.74	19.99	[a] BetoQuin [NM]
		[B]4.76	23.50	19.99	[a] Betoptic [NV]

▪ BETAXOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

betaxolol 0.5% eye drops, 5 mL

5544T

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	18.74	19.99	[a] BetoQuin [NM]
		[B]4.76	23.50	19.99	[a] Betoptic [NV]

▪ TIMOLOL

timolol 0.25% eye drops, 2.5 mL

1925H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.08	18.33	Timoptol XE [MF]

timolol 0.5% eye drops, 2.5 mL

1926J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.26	18.51	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

1279H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.20	18.45	Timoptol [MF]

▪ TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

timolol 0.25% eye drops, 2.5 mL

5549C OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.08	18.33	Timoptol XE [MF]

timolol 0.5% eye drops, 2.5 mL

5550D OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.26	18.51	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

5548B OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.20	18.45	Timoptol [MF]

Prostaglandin analogues1)

▪ BIMATOPROST

bimatoprost 0.03% eye drops, 30 x 0.4 mL unit doses

10046R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	32.40	33.65	Lumigan PF [AG]

bimatoprost 0.03% eye drops, 3 mL

8620Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	36.40	37.65	[a] APO-Bimatoprost [TX] [a] Bimtop [QA]	[a] Bimatoprost Sandoz [SZ] [a] Lumigan [AG]

▪ BIMATOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

bimatoprost 0.03% eye drops, 30 x 0.4 mL unit doses

10053D OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	32.40	33.65	Lumigan PF [AG]

bimatoprost 0.03% eye drops, 3 mL

5551E OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	36.40	37.65	[a] APO-Bimatoprost [TX] [a] Bimtop [QA]	[a] Bimatoprost Sandoz [SZ] [a] Lumigan [AG]

▪ BIMATOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses

10107Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	37.19	38.44	GANfort PF 0.3/5 [AG]

▪ BIMATOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

9464D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	40.85	40.30	Ganfort 0.3/5 [AG]

▪ BIMATOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

5558M OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	40.85	40.30	Ganfort 0.3/5 [AG]

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses

10108B OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	37.19	38.44	GANfort PF 0.3/5 [AG]

▪ LATANOPROST

latanoprost 0.005% eye drops, 2.5 mL

8243W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	17.31	18.56	[a] APO-Latanoprost [TX] [a] Latanoprost Actavis [EA] [a] Xalaprost [QA]	[a] Lanpro [JU] [a] Latanoprost Sandoz [SZ] [a] Xalatan [PF]

▪ LATANOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

latanoprost 0.005% eye drops, 2.5 mL

5552F OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	17.31	18.56	[a] APO-Latanoprost [TX] [a] Latanoprost Actavis [EA] [a] Xalaprost [QA]	[a] Lanpro [JU] [a] Latanoprost Sandoz [SZ] [a] Xalatan [PF]

▪ LATANOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

8895E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	21.76	23.01	[a] APO-Latanoprost/Timolol 0.05/5 [TX] [a] Latanoprost/timolol AN 50/5 [JO] [a] Xalacom [PF]	[a] Lantim [JU] [a] Latanoprost/Timolol Sandoz 50/5 [SZ] [a] Xalamol 50/5 [QA]

▪ LATANOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

5553G OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	21.76	23.01	[a] APO-Latanoprost/Timolol 0.05/5 [TX] [a] Latanoprost/timolol AN 50/5 [JO] [a] Xalacom [PF]	[a] Lantim [JU] [a] Latanoprost/Timolol Sandoz 50/5 [SZ] [a] Xalamol 50/5 [QA]

▪ TAFLUPROST

tafluprost 0.0015% eye drops, 30 x 0.3 mL unit doses

2755B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	34.11	35.36	Saflutan [MF]

▪ TAFLUPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

tafluprost 0.0015% eye drops, 30 x 0.3 mL unit doses

2748P OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	34.11	35.36	Saflutan [MF]

▪ TRAVOPROST

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8597L	‡1	5	..	36.84	38.09	Travatan [NV]

▪ TRAVOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5554H (OP)	‡1	5	..	36.84	38.09	Travatan [NV]

▪ TRAVOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9057Q	‡1	5	..	41.30	40.30	Duotrav [NV]

▪ TRAVOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5555J (OP)	‡1	5	..	41.30	40.30	Duotrav [NV]

MYDRIATICS AND CYCLOPLEGICS

Anticholinergics

▪ ATROPINE SULFATE

atropine sulfate monohydrate 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1093M (NP)	‡1	2	..	22.33	23.58	Atropt [QA]

OCULAR VASCULAR DISORDER AGENTS

Antineovascularisation agents

▪ AFLIBERCEPT

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

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form and a copy of the optical coherence tomography or fluorescein angiogram report.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

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

aflibercept 4 mg/0.1 mL injection, 0.1 mL vial

10505X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1096.21	40.30	Eylea [BN]

▪ AFLIBERCEPT

Note Special Pricing Arrangements apply.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the optical coherence tomography or fluorescein angiogram report.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been granted an authority prescription for the same eye.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Note Authority approvals will be administered by the Complex Drugs Unit of the Department of Human Services.

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

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

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form and a copy of the optical coherence tomography or fluorescein angiogram report.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
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 quantity or number of units may be authorised.

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

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

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

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

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form and a copy of the optical coherence tomography or fluorescein angiogram report.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
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 quantity or number of units may be authorised.

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

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

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

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.

aflibercept 4 mg/0.1 mL injection, 0.1 mL vial

2168D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1096.21	40.30	Eylea [BN]

▪ RANIBIZUMAB

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.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**

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

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form and a copy of the optical coherence tomography or fluorescein angiogram report.

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
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 The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

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

ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe

10374B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1042.60	40.30	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

10373Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1042.60	40.30	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the optical coherence tomography or fluorescein angiogram report.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

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

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Grandfather treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition for the same eye prior to 1 November 2018, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the optical coherence tomography or fluorescein angiogram report.

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

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- The condition must not be due to pathologic myopia, **AND**
- The condition must not be due to age-related macular degeneration, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the optical coherence tomography or fluorescein angiogram report.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- The condition must not be due to pathologic myopia, **AND**
- The condition must not be due to age-related macular degeneration, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

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

ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe

11480F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.60	40.30	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

11471R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.60	40.30	[a] Lucentis [NV]

▪ RANIBIZUMAB

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.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the optical coherence tomography or fluorescein angiogram report.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been granted an authority prescription for the same eye.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

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

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form and a copy of the optical coherence tomography or fluorescein angiogram report.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

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

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

A telephone application must be made following submission by facsimile of a copy of a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form and a copy of the optical coherence tomography or fluorescein angiogram report.

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

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
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

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

ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe

10138N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.60	40.30	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

1382R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.60	40.30	[a] Lucentis [NV]

▪ VERTEPORFIN

Note A patient is eligible for a total of 15 subsidised treatments per eye. This maximum includes treatments administered under the MBS Visudyne Therapy Program and the PBS.

Note The Department of Human Services should be notified if treatment is abandoned prior to completion of the laser activation step but after infusion of verteporfin. Telephone 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The reason treatment is abandoned must be provided. Where such notification has been made, the treatment so affected will not count towards the maximum.

Authority required (STREAMLINED)

7583

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be predominantly classic (greater than or equal to 50%), **AND**
- The condition must be due to macular degeneration, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been granted an authority prescription for the same eye.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

verteporfin 15 mg injection, 1 vial

11307D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1935.91	40.30	Visudyne [NV]

▪ VERTEPORFIN

Note The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

Note The Department of Human Services should be notified if treatment is abandoned prior to completion of the laser activation step but after infusion of verteporfin. Telephone 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The reason treatment is abandoned must be provided. Where such notification has been made, the treatment so affected will not count towards the maximum.

Note Written applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be predominantly classic (greater than or equal to 50%).

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a baseline visual acuity equal to or better than 6/60 (20/200).

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the fluorescein angiogram demonstrating that the CNV is predominantly classic (greater than or equal to 50%).

A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the fluorescein angiogram.

Note No more than 15 treatments (1 initial and 14 continuing) per eye will be authorised.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- The condition must be predominantly classic (greater than or equal to 50%), **AND**
- The condition must be due to macular degeneration, **AND**
- Patient must have been authorised by the Angiogram Review Panel to receive treatment with verteporfin in the same eye under the MBS Visudyne Therapy Program, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

(a) a completed authority prescription form; and

(b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form, which includes the date of review by the Angiogram Review Panel and the number of treatments administered in that eye under the MBS Visudyne Therapy Program; and

(c) a copy of the fluorescein angiogram demonstrating that the CNV is predominantly classic (greater than or equal to 50%).

A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the fluorescein angiogram.

Note A patient is eligible for a total of 15 subsidised treatments per eye. This maximum includes treatments administered under the MBS Visudyne Therapy Program and the PBS.

verteporfin 15 mg injection, 1 vial

1349B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1935.91	40.30	Visudyne [NV]

OTHER OPHTHALMOLOGICALS

Other ophthalmologicals

▪ CARBOMER-974P

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carbomer-974P 0.3% eye gel, 30 x 500 mg unit doses

5502N OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*32.41	33.66	Poly Gel [AQ]

carbomer-974P 0.3% eye gel, 30 x 500 mg unit doses

8514D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*32.41	33.66	Poly Gel [AQ]

▪ CARBOMER-980

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carbomer-980 0.2% eye gel, 10 g

5503P OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	14.30	15.55	[a] Optifresh eye gel [PP]	[a] PAA [UL]
		[B]3.85	18.15	15.55	[a] Viscotears [UO]	

carbomer-980 0.2% eye gel, 10 g

8384G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	14.30	15.55	[a] Optifresh eye gel [PP]	[a] PAA [UL]
		[B]3.85	18.15	15.55	[a] Viscotears [UO]	

▪ CARBOMER-980

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carbomer-980 0.2% eye drops, 30 x 0.6 mL unit doses

5504Q OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*37.27	38.52	Viscotears Gel PF [UO]

carbomer-980 0.2% eye drops, 30 x 0.6 mL unit doses

8578L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*37.27	38.52	Viscotears Gel PF [UO]

▪ CARBOMER-980

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

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

carbomer-980 0.2% eye gel, 10 g

9210R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	11	..	14.30	15.55	[a] Optifresh eye gel [PP]	[a] PAA [UL]
		[B]3.85	18.15	15.55	[a] Viscotears [UO]	

▪ CARMELLOSE SODIUM

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carmellose sodium 1% eye drops, 15 mL

5508X OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	14.43	15.68	Refresh Liquigel [AG]

carmellose sodium 0.5% eye drops, 15 mL

5507W OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	14.43	15.68	Refresh Tears Plus [AG]

▪ CARMELLOSE SODIUM

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carmellose sodium 1% eye drops, 15 mL

8593G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	14.43	15.68	Refresh Liquigel [AG]

carmellose sodium 0.5% eye drops, 15 mL

8548X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	14.43	15.68	Refresh Tears Plus [AG]

▪ CARMELLOSE SODIUM

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carmellose sodium 1% eye drops, 30 x 0.4 mL unit doses

2324H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*29.05	30.30	[a] Optifresh Plus [PP]
		[B]6.21	*35.26	30.30	[a] Celluvisc [AG]

carmellose sodium 1% eye drops, 30 x 0.4 mL unit doses

5505R (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*29.05	30.30	[a] Optifresh Plus [PP]
		[B]6.21	*35.26	30.30	[a] Celluvisc [AG]

carmellose sodium 0.5% eye drops, 30 x 0.4 mL unit doses

2338C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*29.05	30.30	[a] Optifresh Tears [PP]
		[B]6.21	*35.26	30.30	[a] Cellufresh [AG]

carmellose sodium 0.5% eye drops, 30 x 0.4 mL unit doses

5506T (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*29.05	30.30	[a] Optifresh Tears [PP]
		[B]6.21	*35.26	30.30	[a] Cellufresh [AG]

▪ CARMELLOSE SODIUM

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.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

carmellose sodium 1% eye drops, 15 mL

9212W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	11	..	14.43	15.68	Refresh Liquigel [AG]

carmellose sodium 0.5% eye drops, 15 mL

9211T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	11	..	14.43	15.68	Refresh Tears Plus [AG]

▪ CARMELLOSE SODIUM + GLYCEROL

Note The in-use shelf life of Optive is 6 months from the date of opening.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

5556K (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	14.43	15.68	Optive [AG]

▪ CARMELLOSE SODIUM + GLYCEROL

Note The in-use shelf life of Optive is 6 months from the date of opening.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9355J NP	‡1	3	..	14.43	15.68	Optive [AG]

▪ CARMELLOSE SODIUM + GLYCEROL

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 The in-use shelf life of Optive is 6 months from the date of opening.

Restricted benefit
Severe dry eye syndrome, including Sjogren's syndrome
Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9356K	‡1	7	..	14.43	15.68	Optive [AG]

▪ DEXTRAN-70 + HYPROMELLOSE

Restricted benefit
Severe dry eye syndrome, including Sjogren's syndrome

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1509K NP	‡1	5	..	15.02	16.27	[a] Poly-Tears [IQ]
			[B]4.00	19.02	16.27	[a] Tears Naturale [AQ]

▪ DEXTRAN-70 + HYPROMELLOSE

Restricted benefit
Severe dry eye syndrome, including Sjogren's syndrome

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5520M OP	‡1	5	..	15.02	16.27	[a] Poly-Tears [IQ]
			[B]4.00	19.02	16.27	[a] Tears Naturale [AQ]

▪ DEXTRAN-70 + HYPROMELLOSE

Authority required (STREAMLINED)
6172
Severe dry eye syndrome
Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

dextran-70 0.1% + hypromellose 0.3% eye drops, 28 x 0.4 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5521N OP	3	5	..	*36.37	37.62	Bion Tears [AQ]

dextran-70 0.1% + hypromellose 0.3% eye drops, 28 x 0.4 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8299T NP	3	5	..	*36.37	37.62	Bion Tears [AQ]

▪ DEXTRAN-70 + HYPROMELLOSE

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.

Restricted benefit
Severe dry eye syndrome, including Sjogren's syndrome
Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9216C	‡1	11	..	15.02	16.27	[a] Poly-Tears [IQ]
			[B]4.00	19.02	16.27	[a] Tears Naturale [AQ]

▪ HYALURONATE SODIUM

Note The in-use shelf life of Hylo-Fresh and Hylo-Forte is 6 months from the date of opening.

Authority required (STREAMLINED)
4105

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

hyaluronate sodium 0.1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2181T NP	‡1	5	..	33.95	35.20	Hylo-Fresh [AE]

hyaluronate sodium 0.1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2184Y OP	‡1	5	..	33.95	35.20	Hylo-Fresh [AE]

hyaluronate sodium 0.2% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2171G OP	‡1	5	..	33.95	35.20	Hylo-Forte [AE]

hyaluronate sodium 0.2% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2253N NP	‡1	5	..	33.95	35.20	Hylo-Forte [AE]

▪ HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11625W NP	‡1	5	..	13.72	14.97	[a] In a Wink Moisturising [IQ]
			[B]4.34	18.06	14.97	[a] Genteal [AQ]

hypromellose 0.3% w/w eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8287E NP	‡1	5	..	14.83	16.08	[a] In a Wink Moisturising [IQ]
			[B]4.34	19.17	16.08	[a] Genteal [AQ]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2956N NP	‡1	5	..	14.83	16.08	Methopt [QA]

▪ HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11634H OP	‡1	5	..	13.72	14.97	[a] In a Wink Moisturising [IQ]
			[B]4.34	18.06	14.97	[a] Genteal [AQ]

hypromellose 0.3% w/w eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5518K OP	‡1	5	..	14.83	16.08	[a] In a Wink Moisturising [IQ]
			[B]4.34	19.17	16.08	[a] Genteal [AQ]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5517J OP	‡1	5	..	14.83	16.08	Methopt [QA]

▪ HYPROMELLOSE

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.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11643T	‡1	11	..	13.72	14.97	[a] In a Wink Moisturising [IQ]
			[B]4.34	18.06	14.97	[a] Genteal [AQ]

hypromellose 0.3% w/w eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9213X	‡1	11	..	14.83	16.08	[a] In a Wink Moisturising [IQ]
			[B]4.34	19.17	16.08	[a] Genteal [AQ]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9214Y	‡1	11	..	14.83	16.08	Methopt [QA]

▪ HYPROMELLOSE + CARBOMER-980

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5519L	‡1	5	..	14.83	16.08	[a] HPMC PAA [IQ]
OP			[B]4.80	19.63	16.08	[a] Genteal gel [AQ]

▪ HYPROMELLOSE + CARBOMER-980

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8564R	‡1	5	..	14.83	16.08	[a] HPMC PAA [IQ]
NP			[B]4.80	19.63	16.08	[a] Genteal gel [AQ]

▪ HYPROMELLOSE + CARBOMER-980

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.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9215B	‡1	11	..	14.83	16.08	[a] HPMC PAA [IQ]
			[B]4.80	19.63	16.08	[a] Genteal gel [AQ]

▪ OCRIPLASMIN

Note Where authority approval for treatment for both eyes simultaneously is being sought, a maximum quantity of 2 vials may be requested.

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

Note Special Pricing Arrangements apply.

Authority required

Vitreomacular traction syndrome

Clinical criteria:

- Patient must have visual impairment due to vitreomacular traction (VMT) without a full thickness macular hole (FTMH); OR
- Patient must have visual impairment due to vitreomacular traction (VMT) with a full thickness macular hole (FTMH) of a diameter of less than or equal to 400 micrometres, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score of approximate Snellen equivalent 20/25 or worse in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography, **AND**
- The condition must have a vitreomacular adhesion diameter less than or equal to 1500 micrometres, **AND**
- Patient must not have an epiretinal membrane attached to the vitreomacular traction, **AND**
- The condition must be previously untreated in the eye proposed for treatment, **AND**
- Patient must not have received prior vitrectomy in the eye proposed for treatment, **AND**
- Patient must be symptomatic.

Treatment criteria:

- Must be treated by an ophthalmologist.

The prescriber must state which eye(s) is being treated at the time of application.

ocriplasmin 500 microgram/0.2 mL injection, 0.2 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10947E	1	..	..	4152.12	40.30	Jetrea [IJ]

▪ PARAFFIN

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1750D NP	‡1	5	..	23.81	25.06	Poly Visc [IQ]
						[a] Ircal [PE]
			[B]1.84	25.65	25.06	[a] Refresh Night Time [AG]

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5522P OP	‡1	5	..	23.81	25.06	Poly Visc [IQ]
						[a] Ircal [PE]
			[B]1.84	25.65	25.06	[a] Refresh Night Time [AG]

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1754H NP	2	5	..	*24.37	25.62	Poly Visc [IQ]

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5523Q OP	2	5	..	*24.37	25.62	Poly Visc [IQ]

▪ PARAFFIN

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9218E	‡1	11	..	23.81	25.06	Poly Visc [IQ]
						[a] Ircal [PE]
			[B]1.84	25.65	25.06	[a] Refresh Night Time [AG]

▪ PARAFFIN

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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9217D	2	11	..	*24.37	25.62	Poly Visc [IQ]

▪ PERFLUOROHEXYLOCTANE

Note The in-use shelf life of Novatears is 6 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

perfluorohexyloctane 100% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11439C OP	1	5	..	32.98	34.23	Novatears [AE]

perfluorohexyloctane 100% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11446K NP	1	5	..	32.98	34.23	Novatears [AE]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5524R OP	‡1	5	..	14.44	15.69	Systane [AQ]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

8676P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	14.44	15.69	Systane [AQ]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

5532E (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*31.03	32.28	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

9170P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*31.03	32.28	Systane [AQ]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

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.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

9219F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	11	..	14.44	15.69	Systane [AQ]

▪ POLYVINYL ALCOHOL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

polyvinyl alcohol 1.4% eye drops, 15 mL

2682E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	14.83	16.08	[a] PVA Tears [PE]
		[B]1.39	16.22	16.08	[a] Liquifilm Tears [AG]

▪ POLYVINYL ALCOHOL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

polyvinyl alcohol 1.4% eye drops, 15 mL

5526W (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	14.83	16.08	[a] PVA Tears [PE]
		[B]1.39	16.22	16.08	[a] Liquifilm Tears [AG]

▪ POLYVINYL ALCOHOL

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.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

polyvinyl alcohol 1.4% eye drops, 15 mL

9220G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	11	..	14.83	16.08	[a] PVA Tears [PE]
		[B]1.39	16.22	16.08	[a] Liquifilm Tears [AG]

▪ RETINOL PALMITATE + PARAFFIN

Note The in-use shelf life of VitA-POS is 6 months from the date of opening.

retinol palmitate 0.0138% + paraffin eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2167C OP	2	5	..	*24.37	25.62	VitA-POS [AE]

retinol palmitate 0.0138% + paraffin eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2222Y NP	2	5	..	*24.37	25.62	VitA-POS [AE]

▪ RETINOL PALMITATE + PARAFFIN

Note The in-use shelf life of VitA-POS is 6 months from the date of opening.
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.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

retinol palmitate 0.0138% + paraffin eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2202X	2	11	..	*24.37	25.62	VitA-POS [AE]

▪ SOY LECITHIN + TOCOPHEROL + VITAMIN A

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

soy lecithin 1% + tocopherol 0.002% + vitamin A palmitate 0.025% spray, 100 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5545W OP	2	5	..	*35.99	37.24	tearsagain [RB]

soy lecithin 1% + tocopherol 0.002% + vitamin A palmitate 0.025% spray, 100 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9448G NP	2	5	..	*35.99	37.24	tearsagain [RB]

▪ OTOLOGICALS

ANTIINFECTIVES

Antiinfectives

▪ CIPROFLOXACIN

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person, **AND**
- Patient must be aged 1 month or older.

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be less than 18 years of age.

Clinical criteria:

- Patient must have perforation of the tympanic membrane.

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be less than 18 years of age.

Clinical criteria:

- Patient must have a grommet in situ.

ciprofloxacin 0.3% ear drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2480M NP	‡1	1	..	22.66	23.91	Ciloxan [NV]

CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

Corticosteroids and antiinfectives in combination

▪ FRAMYCETIN SULFATE + GRAMICIDIN + DEXAMETHASONE

framycetin sulfate 0.5% + gramicidin 0.005% + dexamethasone 0.05% ear drops, 8 mL

2781J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	14.54	15.79	[a] Otodex [AV]
		[B]2.41	16.95	15.79	[a] Sofradex [SW]

▪ TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN

triamcinolone acetonide 0.1% + neomycin sulfate 0.25% + gramicidin 0.025% + nystatin 100 000 international units/g ointment, 5 g

2974M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	13.01	14.26	[a] Otocomb Otic [FM]
		[B]1.70	14.71	14.26	[a] Kenacomb Otic [QA]

triamcinolone acetonide 0.1% + neomycin sulfate 0.25% + gramicidin 0.025% + nystatin 100 000 international units/mL ear drops, 7.5 mL

2971J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	15.54	16.79	[a] Otocomb Otic [FM]
		[B]1.70	17.24	16.79	[a] Kenacomb Otic [QA]

▪ OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS

ANTIINFECTIVES

Antiinfectives

▪ FRAMYCETIN SULFATE

framycetin sulfate 0.5% eye/ear drops, 8 mL

1440T (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	14.54	15.79	Soframycin [SW]

framycetin sulfate 0.5% eye/ear drops, 8 mL

5557L (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	14.54	15.79	Soframycin [SW]

▪ VARIOUS

▪ ALLERGENS

ALLERGENS

Allergen extracts

▪ HONEY BEE VENOM

honey bee venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack

10621B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	290.49	40.30	Hymenoptera Honey Bee Venom [DE]

honey bee venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

2886X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	227.25	40.30	Albey Bee Venom [DE]

▪ PAPER WASP VENOM

Note Paper wasp venom is not European wasp venom

paper wasp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack

10620Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	340.02	40.30	Hymenoptera Paper Wasp Venom [DE]

paper wasp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

2918N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	227.25	40.30	Albey Paper Wasp Venom [DE]

▪ VESPULA SPP VENOM

vespula spp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack

10622C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	393.98	40.30	Hymenoptera Yellow Jacket Venom [DE]

vespula spp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

2883R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	227.25	40.30	Albey Yellow Jacket Venom [DE]

▪ ALL OTHER THERAPEUTIC PRODUCTS

ALL OTHER THERAPEUTIC PRODUCTS

Antidotes

▪ NALOXONE

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

10783M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	53.37	40.30	[a] Naloxone Hydrochloride (DBL) [PF]	[a] Naloxone Juno [JU]

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

10787R (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	53.37	40.30	[a] Naloxone Hydrochloride (DBL) [PF]	[a] Naloxone Juno [JU]

naloxone hydrochloride 1 mg/mL injection, 2 mL syringe

11077B (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	48.42	40.30	Prenoxad [FF]

naloxone hydrochloride 1 mg/mL injection, 2 mL syringe

11078C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	48.42	40.30	Prenoxad [FF]

Drugs for treatment of hyperkalemia and hyperphosphatemia

▪ LANTHANUM

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.

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

lanthanum 500 mg chewable tablet, 2 x 45

9403X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	281.92	40.30	Fosrenol [ZI]

lanthanum 750 mg chewable tablet, 6 x 15

9404Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	423.07	40.30	Fosrenol [ZI]

lanthanum 1 g chewable tablet, 6 x 15

9405B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	475.64	40.30	Fosrenol [ZI]

▪ SEVELAMER

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.

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sevelamer hydrochloride 800 mg tablet, 180

2142R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	300.13	40.30	Renagel [GZ]

▪ SUCROFERRIC OXYHYDROXIDE

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.

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90

10250L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	424.42	40.30	Velphoro [VL]

Detoxifying agents for antineoplastic treatment

▪ FOLINIC ACID

folinic acid 1 g/100 mL injection, 100 mL vial

8969C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	50.17	40.30	Calcium Folinate Ebewe [SZ]

folinic acid 300 mg/30 mL injection, 30 mL vial

9041W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	1	..	*56.75	40.30	[a] Calcium Folinate Ebewe [SZ]	[a] Leucovorin Calcium (Hospira Pty Limited) [PF]

▪ FOLINIC ACID

Note For item codes 8740B and 1610R, 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, 5 mL vial

8740B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	2	..	*53.29	40.30	[a] Leucovorin Calcium (Hospira Pty Limited) [PF]

folinic acid 50 mg/5 mL injection, 10 x 5 mL ampoules

1610R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	53.31	40.30	[a] Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

▪ FOLINIC ACID

Note For item codes 8812T and 1704Q, 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, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8812T	10	1	..	*58.59	40.30	[a] Calcium Folinate Ebewe [SZ]

folinic acid 100 mg/10 mL injection, 10 x 10 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1704Q	1	1	..	58.57	40.30	[a] Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

▪ FOLINIC ACID

Restricted benefit

Megaloblastic anaemias

Clinical criteria:

- The condition must be a result of folic acid deficiency from the use of folic acid antagonists.

folinic acid 15 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2308L	1	..	..	93.20	40.30	Leucovorin Calcium (Hospira Pty Limited) [PF]

▪ 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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8079F	1	5	..	173.44	40.30	Uromitexan [BX]

mesna 400 mg/4 mL injection, 15 x 4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8078E	1	5	..	83.00	40.30	Uromitexan [BX]

Drugs for treatment of hypercalcemia

▪ PHOSPHORUS

Authority required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority required (STREAMLINED)

5095

Familial hypophosphataemia

Authority required (STREAMLINED)

5123

Hypercalcaemia

phosphorus 500 mg effervescent tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2946C NP	1	5	..	67.01	40.30	[a] PHOSPHATE PHEBRA [FG]	[a] Phosphate Sandoz [FF]

Other therapeutic products

▪ POLYLACTIC ACID

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 Authority applications 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

Severe facial lipoatrophy

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- The treatment must be for facial administration only, **AND**
- The condition must be caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

polylactic acid 150 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9475Q	2	4	..	*420.15	40.30	Sculptra [GA]

▪ POLYLACTIC ACID

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 Maintenance treatment is limited to one re-treatment (maximum 2 vials) every 2 years.
Note Authority applications 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

Severe facial lipoatrophy

Treatment Phase: Maintenance PBS-subsidised treatment

Clinical criteria:

- The treatment must be for facial administration only, **AND**
- The condition must be caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

polylactic acid 150 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9476R	2	..	..	*420.15	40.30	Sculptra [GA]

▪ DIAGNOSTIC AGENTS

URINE TESTS

▪ GLUCOSE AND KETONE INDICATOR URINE

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

glucose and ketone indicator urine diagnostic strip, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3107M NP	2	2	..	*19.27	20.52	Keto-Diastix [DX]

▪ GLUCOSE INDICATOR URINE

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

glucose indicator urine diagnostic strip, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3104J NP	2	2	..	*20.95	22.20	Diastix [DX]

▪ GENERAL NUTRIENTS

OTHER NUTRIENTS

▪ LONG CHAIN TRIGLYCERIDES

Note Carbzero is not nutritionally complete and is not intended for use as a sole source of nutrition.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

Carbzero should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

long chain triglycerides oral liquid, 15 x 225 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11438B NP	2	5	..	*208.47	40.30	Carbzero [VF]

▪ MEDIUM CHAIN TRIGLYCERIDES

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)

6147

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

Authority required (STREAMLINED)

6191

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have chylous ascites; OR
- Patient must have chylothorax; OR
- Patient must have hyperlipoproteinaemia type 1; OR
- Patient must have long chain fatty acid oxidation disorders; OR
- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

medium chain triglycerides oral liquid, 15 x 225 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11444H NP	2	5	..	*268.99	40.30	Betaquik [VF]

▪ MEDIUM CHAIN TRIGLYCERIDES

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)

6181

Chylous ascites

Authority required (STREAMLINED)

6134

Chylothorax

Authority required (STREAMLINED)

6164

Fat malabsorption

Clinical criteria:

- The condition must be due to liver disease; OR
- The condition must be due to short gut syndrome; OR
- The condition must be due to cystic fibrosis; OR
- The condition must be due to gastrointestinal disorders.

Authority required (STREAMLINED)

6203

Hyperlipoproteinaemia type 1

Authority required (STREAMLINED)

6155

Intractable childhood epilepsy

Clinical criteria:

- Patient must require a ketogenic diet.

Authority required (STREAMLINED)

6135

Cerebrospinal fluid glucose transporter defect

Clinical criteria:

- Patient must require a ketogenic diet.

Authority required (STREAMLINED)

6146

Long chain fatty acid oxidation disorders

medium chain triglycerides oral liquid, 250 mL bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9327X NP	8	5	..	*165.87	40.30	Liquigen [SB]

medium chain triglycerides oral oil, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3128P NP	2	5	..	*45.17	40.30	MCT Oil [SB]

▪ PROTEIN FORMULA WITH CARBOHYDRATE, FAT, VITAMINS AND MINERALS

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

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

Population criteria:

- Patient must be aged from 1 to 10 years inclusive.

protein formula with carbohydrate, fat, vitamins and minerals oral liquid, 8 x 500 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11110R NP	10	5	..	*1502.99	40.30	Nutrini Peptisorb Energy [NU]

Fat/carbohydrates/proteins/minerals/vitamins, combinations

▪ AMINO ACID SYNTHETIC FORMULA

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1521C NP	12	5	..	*429.79	40.30	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2250K NP	12	5	..	*429.79	40.30	EleCare [AB]

▪ AMINO ACID SYNTHETIC FORMULA

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

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula powder for oral liquid, 400 g

1180D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*288.27	40.30	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

8574G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*288.27	40.30	EleCare [AB]

▪ AMINO ACID SYNTHETIC FORMULA

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula powder for oral liquid, 400 g

1192R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*288.27	40.30	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

8575H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*288.27	40.30	EleCare [AB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS

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

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

2246F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*309.15	40.30	Neocate LCP [SB]

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

9339M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*309.15	40.30	EleCare LCP [AB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

2560R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*309.15	40.30	Neocate LCP [SB]

NP

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

9340N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*309.15	40.30	EleCare LCP [AB]

NP

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1545H NP	12	5	..	*511.63	40.30	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

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

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

5466Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*342.83	40.30	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

5467R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*342.83	40.30	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

2900P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*342.83	40.30	Alfamino [NT]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

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amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

2928D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*342.83	40.30	Alfamino [NT]

NP

▪ PROTEIN HYDROLYSATE FORMULA WITH MEDIUM CHAIN TRIGLYCERIDES

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)

6174

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6193

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have demonstrated a clinical improvement with the protein hydrolysate formula with medium chain triglycerides.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6204

Cows' milk protein enteropathy and intolerance to soy protein

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6137

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6182

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6194

Biliary atresia

Authority required (STREAMLINED)

6157

Chronic liver failure with fat malabsorption

Authority required (STREAMLINED)

6205

Chylous ascites

Authority required (STREAMLINED)

6195

Cystic fibrosis

Authority required (STREAMLINED)

6158

Enterokinase deficiency

Authority required (STREAMLINED)

6166

Proven fat malabsorption

Authority required (STREAMLINED)

6148

Severe diarrhoea of greater than 2 weeks duration

Population criteria:

- Patient must be aged less than 4 months.

Authority required (STREAMLINED)

6138

Severe intestinal malabsorption including short bowel syndrome

protein hydrolysate formula with medium chain triglycerides powder for oral liquid, 450 g

8259Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*87.79	40.30	Aptamil Gold+ Pepti-Junior [NU]

▪ PROTEIN HYDROLYSATE FORMULA WITH MEDIUM CHAIN TRIGLYCERIDES

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)

6174

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6193

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have demonstrated a clinical improvement with the protein hydrolysate formula with medium chain triglycerides.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6204

Cows' milk protein enteropathy and intolerance to soy protein

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6137

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6182

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6194

Biliary atresia

Authority required (STREAMLINED)

6157

Chronic liver failure with fat malabsorption

Authority required (STREAMLINED)

6205

Chylous ascites

Authority required (STREAMLINED)

6195

Cystic fibrosis

Authority required (STREAMLINED)

6158

Enterokinase deficiency

Authority required (STREAMLINED)

6166

Proven fat malabsorption

Authority required (STREAMLINED)

6148

Severe diarrhoea of greater than 2 weeks duration

Population criteria:

- Patient must be aged less than 4 months.

Authority required (STREAMLINED)

6138

Severe intestinal malabsorption including short bowel syndrome

Authority required (STREAMLINED)

6206

Chylothorax

protein hydrolysate formula with medium chain triglycerides powder for oral liquid, 400 g

2676W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*133.71	40.30	Alfaré [NT]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

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 Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

triglycerides medium chain formula oral liquid, 8 x 500 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10375C NP	8	5	..	*706.03	40.30	Nutrini Peptisorb [SB]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10152H NP	8	5	..	*395.39	40.30	Monogen [SB]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10155L NP	8	5	..	*356.91	40.30	Lipistart [VF]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

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

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10154K NP	8	5	..	*330.59	40.30	Peptamen Junior [NT]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

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 Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Hyperlipoproteinaemia type 1

Restricted benefit

Long chain fatty acid oxidation disorders

Restricted benefit

Chylous ascites

Restricted benefit

Chylothorax

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1938B NP	8	5	..	*356.91	40.30	Lipistart [VF]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8478F NP	8	5	..	*395.39	40.30	Monogen [SB]

Carbohydrates

▪ MODIFIED LONG CHAIN AMYLOPECTIN

Restricted benefit

Glycogen storage disease

modified long chain amylopectin powder for oral liquid, 30 x 60 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9386B NP	4	5	..	*639.83	40.30	Glycosade [VF]

Amino acids/carbohydrates/minerals/vitamins, combinations

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10522T NP	8	5	..	*353.71	40.30	Alfamino Junior [NT]

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11161K NP	8	5	..	*353.71	40.30	Neocate Junior [SB]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10527C NP	8	5	..	*353.71	40.30	Alfamino Junior [NT]

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11183N NP	8	5	..	*353.71	40.30	Neocate Junior [SB]

Milk substitutes

▪ MILK POWDER LACTOSE INTOLERANCE FORMULA

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 No more than 1 application per patient will be authorised.

Authority required

Acute lactose intolerance

Population criteria:

- Patient must be up to the age of 12 months.

The date of birth of the patient must be provided at the time of application.

milk powder lactose intolerance formula powder for oral liquid, 900 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11209Y NP	5	..	..	*90.09	40.30	S-26 Original Alula L.I. [AS]

▪ MILK POWDER SYNTHETIC LOW CALCIUM

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.

Restricted benefit

Hypercalcaemia

Population criteria:

- Patient must be under the age of 4 years.

milk powder synthetic low calcium powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3092R NP	8	5	..	*356.27	40.30	Locasol [SB]

Other combinations of nutrients

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11343B NP	12	5	..	*491.95	40.30	Neocate Syneo [SB]

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

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

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

11331J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*329.71	40.30	Neocate Syneo [SB]

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Note A risk/benefit analysis prior to treatment, and continuous patient monitoring from a health care professional is required for the use of this product, for this indication.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11340W NP	8	5	..	*329.71	40.30	Neocate Syneo [SB]

▪ AMINO ACID FORMULA WITH CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with carbohydrate, vitamins, minerals and trace elements without phenylalanine oral liquid: powder for, 30 x 20 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10806R NP	4	5	..	*1000.79	40.30	PKU Go [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with fat, carbohydrate without phenylalanine tablet: modified release, 4 x 110 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10683G NP	7	5	..	*1930.01	40.30	PKU Easy Microtabs [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Note The level of iron in this product is below the recommended daily intake (RDI) for infants and should be supplemented by other sources where appropriate.

Restricted benefit

Phenylketonuria

amino acid formula with fat, carbohydrate, vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine and supplemented with docosahexaenoic acid oral liquid, 20 x 500 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10822N NP	2	5	..	*634.15	40.30	PKU Baby [OH]

- **AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT METHIONINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID**

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without methionine and supplemented with docosahexaenoic acid oral liquid, 36 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3417W NP	4	5	..	*2395.67	40.30	HCU Anamix junior LQ [SB]

- **AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE**

Restricted benefit

Phenylketonuria

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine oral liquid: powder for, 30 x 34 g bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10632N NP	5	5	..	*1906.24	40.30	PKU Easy Shake & Go [OH]

- **AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE AND TYROSINE**

Restricted benefit

Tyrosinaemia

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine oral liquid: powder for, 30 x 34 g bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10934L NP	4	5	..	*2956.55	40.30	TYR Easy Shake & Go [OH]

- **AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE AND TYROSINE, AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID**

Restricted benefit

Tyrosinaemia

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexaenoic acid oral liquid, 36 x 125 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9330C NP	4	5	..	*2395.67	40.30	TYR Anamix junior LQ [SB]

- **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN**

Restricted benefit

Proven glutaric aciduria type 1

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 30 x 18 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10715Y NP	8	5	..	*1819.07	40.30	GA1 Anamix Junior [NU]

- **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN**

Restricted benefit

Proven glutaric aciduria type 1

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2650L NP	8	5	..	*654.35	40.30	GA1 Anamix infant [SB]

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 500 g

10466W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9	5	..	*2659.69	40.30	XLYS, LOW TRY Maxamum [SB]

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 30 x 24 g sachets

9438R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1819.11	40.30	GA gel [VF]

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 30 x 25 g sachets

5484P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2724.03	40.30	GA express 15 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 87 mL sachets

2639X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1732.07	40.30	HCU cooler 10 [VF]

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 174 mL sachets

2640Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3349.15	40.30	HCU cooler 20 [VF]

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 125 mL pouches

1548L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*2549.86	40.30	HCU Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 130 mL pouches

9133Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2549.91	40.30	HCU cooler 15 [VF]

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 500 g

8416Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*2230.19	40.30	XMET Maxamum [SB]

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 24 g sachets

8677Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1732.07	40.30	HCU gel [VF]

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 25 g sachets

8744F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2549.91	40.30	HCU express 15 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals without methionine oral liquid: powder for, 30 x 36 g sachets

10693T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1732.07	40.30	HCU Anamix Junior [NU]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

Population criteria:

- Patient must be an infant or a very young child.

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 400 g

8417B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*621.87	40.30	HCU Anamix infant [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE

Restricted benefit
Methylmalonic acidaemia
Restricted benefit
Propionic acidaemia

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 400 g

8058D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*621.87	40.30	MMA/PA Anamix infant [SB]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine oral liquid, 30 x 130 mL pouches

1923F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2549.91	40.30	MMA/PA cooler 15 [VF]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 500 g

8061G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*2230.19	40.30	XMTVI Maxamum [SB]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 24 g sachets

3444G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1732.07	40.30	MMA/PA gel [VF]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 25 g sachets

3443F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2549.91	40.30	MMA/PA express 15 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE

Restricted benefit
Methylmalonic acidaemia
Restricted benefit
Propionic acidaemia

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 18 g sachets

10730R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*1731.95	40.30	MMA/PA Anamix Junior [NU]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Restricted benefit
Phenylketonuria

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 130 mL pouch

10410X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1265.15	40.30	PKU Air 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 174 mL pouch

10411Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1681.31	40.30	PKU Air 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral semi-solid, 36 x 109 g jars

2806Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*1512.10	40.30	PKU Lophlex Sensation 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 60 x 62.5 mL cans

9397N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*857.09	40.30	PKU Lophlex LQ 10 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 87 mL cans

2382J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*836.39	40.30	PKU Cooler 10 [VF]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2739E NP	8	5	..	*1106.83	40.30	XP Maxamum [SB]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 24 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8555G NP	4	5	..	*856.43	40.30	PKU gel [VF]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8591E NP	4	5	..	*1265.83	40.30	PKU express 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 27.8 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8804J NP	4	5	..	*1662.27	40.30	PKU Lophlex [SB]

AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE Sachets 34 g, 30, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1909L NP	4	5	..	*1681.31	40.30	PKU express 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 85 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5483N NP	4	5	..	*856.43	40.30	PKU squeezie [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 125 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9021T NP	4	5	..	*1662.27	40.30	PKU Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 36 x 125 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9396M NP	4	5	..	*1040.03	40.30	PKU Anamix Junior LQ [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 130 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8846N NP	4	5	..	*1265.15	40.30	PKU Cooler 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 174 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2474F NP	4	5	..	*1681.31	40.30	PKU Cooler 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 18 x 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8746H NP	5	5	..	*1075.14	40.30	Easiphen [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit

Phenylketonuria

amino acid formula with vitamins and minerals without phenylalanine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10258X NP	4	5	..	*857.47	40.30	PKU Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE

Restricted benefit

Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 87 mL sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2674R NP	4	5	..	*1732.07	40.30	TYR cooler 10 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 174 mL sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2701E NP	4	5	..	*3349.15	40.30	TYR cooler 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 34 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11151X NP	4	5	..	*3349.15	40.30	TYR express 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8445L NP	8	5	..	*621.87	40.30	TYR Anamix infant [SB]

AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE Oral liquid 125 mL, 30, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1547K NP	3	5	..	*2549.86	40.30	TYR Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 130 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9132P NP	4	5	..	*2549.91	40.30	TYR cooler 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3078B NP	8	5	..	*2230.19	40.30	XPhen, Tyr Maxamum [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 24 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8631G NP	4	5	..	*1732.07	40.30	TYR gel [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8667E NP	4	5	..	*2549.91	40.30	TYR express 15 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit
Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10260B NP	4	5	..	*1732.07	40.30	TYR Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit
Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 87 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2651M NP	4	5	..	*1732.07	40.30	MSUD cooler 10 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 174 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2654Q NP	4	5	..	*3349.15	40.30	MSUD cooler 20 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2380G NP	8	5	..	*621.87	40.30	MSUD Anamix infant [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 125 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1546J NP	3	5	..	*2549.86	40.30	MSUD Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2375B NP	4	5	..	*2549.91	40.30	MSUD cooler 15 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8057C NP	8	5	..	*2230.19	40.30	MSUD Maxamum [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8310J NP	4	5	..	*2203.55	40.30	MSUD AID III [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 24 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8592F NP	4	5	..	*1732.07	40.30	MSUD gel [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8632H NP	4	5	..	*2549.91	40.30	MSUD express 15 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 34 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1914R NP	4	5	..	*3358.71	40.30	MSUD express 20 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10259Y NP	4	5	..	*1732.07	40.30	MSUD Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE WITH FAT, CARBOHYDRATE AND TRACE ELEMENTS AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexaenoic acid oral liquid, 36 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9499Y NP	4	5	..	*2395.67	40.30	MSUD Anamix Junior LQ [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS, LOW PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID AND ARACHIDONIC ACID

Restricted benefit

Phenylketonuria

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11185Q NP	8	5	..	*1000.75	40.30	PKU Anamix First Spoon [SB]

▪ AMINO ACID FORMULA WITH VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8479G NP	8	5	..	*568.75	40.30	PKU Anamix infant [SB]

▪ AMINO ACID FORMULA WITH VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE

Note The level of iron in this product is below the recommended daily intake (RDI) for infants and should be supplemented by other sources where appropriate.

Restricted benefit

Phenylketonuria

amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11653H NP	8	5	..	*604.67	40.30	PKU Start [VF]

▪ AMINO ACID FORMULA WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula without phenylalanine 1 g tablet, 75

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8678R NP	24	5	..	*1166.83	40.30	Phlexy-10 [SB]

▪ AMINO ACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit

Maple syrup urine disease

amino acid formula without valine, leucine and isoleucine containing 5 g of protein equivalent oral liquid: powder for, 30 x 6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10161T NP	12	5	..	*3104.11	40.30	MSUD amino5 [VF]

▪ ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID WITH CARBOHYDRATE

Restricted benefit

Peroxisomal biogenesis disorders

arachidonic acid and docosahexaenoic acid with carbohydrate containing 200 mg arachidonic acid and 100 mg docosahexaenoic acid oral liquid: powder for, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10036F NP	4	5	..	*345.75	40.30	keyomega [VF]

▪ ARGININE WITH CARBOHYDRATE

Note Arginine with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

Restricted benefit

Urea cycle disorders

arginine with carbohydrate containing 2 g arginine oral liquid: powder for, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5482M NP	4	5	..	*727.91	40.30	Arginine 2000 [VF]

arginine with carbohydrate containing 500 mg arginine oral liquid: powder for, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9437Q NP	4	5	..	*486.95	40.30	Arginine 500 [VF]

arginine with carbohydrate containing 5 g arginine oral liquid: powder for, 30 x 7.6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10093F NP	4	5	..	*966.39	40.30	Arginine 5000 [VF]

▪ CARBOHYDRATE, FAT, VITAMINS, MINERALS AND TRACE ELEMENTS

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

carbohydrate, fat, vitamins, minerals and trace elements powder for oral liquid, 400 g

8369L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*252.19	40.30	Energivit [SB]

▪ CARBOHYDRATES, FAT, VITAMINS, MINERALS, TRACE ELEMENTS AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

carbohydrates, fat, vitamins, minerals, trace elements and supplemented with arachidonic acid and docosahexaenoic acid providing 200 kilocalories powder for oral liquid, 30 x 43 g sachets

10039J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*445.43	40.30	basecal 200 [VF]

▪ CITRULLINE

Note Citrulline is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism

Restricted benefit

Urea cycle disorders

Clinical criteria:

- The treatment must be for preventing low plasma arginine levels; OR
- The treatment must be for preventing low citrulline levels.

citrulline 1 g tablet, 300

10736C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	1197.79	40.30	Citrulline Easy [OH]

▪ CITRULLINE WITH CARBOHYDRATE

Note Citrulline with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

Restricted benefit

Urea cycle disorders

Clinical criteria:

- The treatment must be for preventing low plasma arginine levels; OR
- The treatment must be for preventing low citrulline levels.

citrulline with carbohydrate containing 1 g citrulline powder for oral liquid, 30 x 4 g sachets

5481L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*486.95	40.30	Citrulline 1000 [VF]

▪ DOCOSAHEXAENOIC ACID WITH CARBOHYDRATE

Restricted benefit

Peroxisomal biogenesis disorders

docosahexaenoic acid with carbohydrate containing 200 mg docosahexaenoic acid oral liquid: powder for, 30 x 4g sachets

10040K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*345.75	40.30	docomega [VF]

▪ ESSENTIAL AMINO ACIDS FORMULA

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula powder for oral liquid, 2 x 200 g

9329B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*1137.73	40.30	Essential Amino Acid Mix [SB]

▪ ESSENTIAL AMINO ACIDS FORMULA WITH MINERALS AND VITAMIN C

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula with minerals and vitamin C powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2027Q NP	5	5	..	*512.64	40.30	Dialamine [SB]

▪ ESSENTIAL AMINO ACIDS FORMULA WITH VITAMINS AND MINERALS

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula with vitamins and minerals powder for oral liquid, 50 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9385Y NP	4	5	..	*1300.59	40.30	EAA Supplement [VF]

▪ GLYCINE WITH CARBOHYDRATE

Restricted benefit

Isovaleric acidaemia

glycine with carbohydrate containing 500 mg glycine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10195N NP	4	5	..	*512.35	40.30	Glycine500 [VF]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

Tyrosinaemia

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent bar, 14 x 81 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11290F NP	8	5	..	*2907.31	40.30	Tylactin Complete [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10528D NP	4	5	..	*3104.15	40.30	Tylactin RTD [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 30 x 49 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10652P NP	4	5	..	*1571.03	40.30	Camino Pro Bettermilk [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 10 g of protein equivalent powder for oral liquid, 60 x 16 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11287C NP	2	5	..	*1073.17	40.30	PKU Build 10 [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 20 g of protein equivalent powder for oral liquid, 30 x 32 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11279P NP	4	5	..	*2068.79	40.30	PKU Build 20 [QH]

glycomacropeptide and essential amino acids with vitamins and minerals bar, 7 x 81 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2644E NP	14	5	..	*1289.09	40.30	Camino Pro Complete [QH]

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 30 x 51 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10992M NP	4	5	..	*2068.79	40.30	PKU Bettermilk Lite [QH]

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 60 x 20 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11084J NP	5	5	..	*1312.24	40.30	PKU Restore [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Note This product contains higher vitamin A levels than other PBS-listed glycomacropeptide products.

Restricted benefit

Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11640P NP	4	5	..	*1570.95	40.30	PKU Glytactin RTD 15 Lite [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g protein oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10332T NP	4	5	..	*1570.95	40.30	PKU Glytactin RTD 15 [QH]

▪ GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE

Restricted benefit

Phenylketonuria

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 35 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11071Q NP	4	5	..	*2068.79	40.30	PKU Sphere20 [VF]

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 27 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11245W NP	4	5	..	*1571.03	40.30	PKU Sphere15 [VF]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 11, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

Keyo should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate oral semi-solid, 48 x 100 g tubs

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11108P NP	3	5	..	*866.44	40.30	Keyo [VF]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 11, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 4:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio long chain fat to carbohydrate plus protein) oral liquid, 32 x 200 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10185C NP	5	5	..	*932.24	40.30	KetoCal 4:1 LQ [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 3:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio long chain fat to carbohydrate plus protein) powder for oral liquid, 300 g

2652N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
24	5	..	*979.87	40.30	KetoCal 3:1 [SB]

NP

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 4:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio long chain fat to carbohydate plus protein) powder for oral liquid, 300 g

9446E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
24	5	..	*979.87	40.30	KetoCal 4:1 [SB]

NP

▪ ISOLEUCINE WITH CARBOHYDRATE

Restricted benefit

Maple syrup urine disease

isoleucine with carbohydrate containing 1 g isoleucine oral liquid: powder for, 30 x 4 g sachets

9436P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*482.15	40.30	Isoleucine 1000 [VF]

NP

isoleucine with carbohydrate containing 50 mg isoleucine oral liquid: powder for, 30 x 4 g sachets

9134R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*438.79	40.30	Isoleucine 50 [VF]

NP

▪ MILK PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency; OR
- Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.

milk protein and fat formula with vitamins and minerals carbohydrate free powder for oral liquid, 225 g

8630F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
24	5	..	*524.11	40.30	Carbohydrate Free Mixture [SB]

NP

▪ PHENYLALANINE WITH CARBOHYDRATE

Restricted benefit

Tyrosinaemia

phenylalanine with carbohydrate containing 50 mg phenylalanine oral liquid: powder for, 30 x 4 g sachets

9384X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*438.79	40.30	Phenylalanine 50 [VF]

NP

▪ PROTEIN FORMULA WITH AMINO ACIDS, CARBOHYDRATES, VITAMINS AND MINERALS WITHOUT PHENYLALANINE, AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

Phenylketonuria

protein formula with amino acids, carbohydrates, vitamins and minerals without phenylalanine, and supplemented with docosahexaenoic acid oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10658Y NP	5	5	..	*1905.19	40.30	PKU Easy [OH]

▪ SOY PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency; OR
- Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.

soy protein and fat formula with vitamins and minerals carbohydrate free oral liquid, 384 mL can

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8577K NP	120	5	..	*541.39	40.30	RCF [AB]

▪ TRIGLYCERIDES LONG CHAIN WITH GLUCOSE POLYMER

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

triglycerides long chain with glucose polymer oral liquid, 27 x 200 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10189G NP	2	5	..	*171.63	40.30	Sno-Pro [SB]

triglycerides long chain with glucose polymer oral liquid, 6 x 1 L cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9309Y NP	4	5	..	*280.07	40.30	ProZero [VF]

triglycerides long chain with glucose polymer oral liquid, 18 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9308X NP	6	5	..	*315.25	40.30	ProZero [VF]

▪ TRIGLYCERIDES MEDIUM CHAIN AND LONG CHAIN WITH GLUCOSE POLYMER

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

triglycerides medium chain and long chain with glucose polymer powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3136C NP	8	5	..	*233.15	40.30	Duocal [SB]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

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 Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Authority required (STREAMLINED)

6165

Chylous ascites

Authority required (STREAMLINED)

6192

Chylothorax

Authority required (STREAMLINED)

6173

Fat malabsorption

Clinical criteria:

- The condition must be due to liver disease; OR
- The condition must be due to short gut syndrome; OR

- The condition must be due to cystic fibrosis; OR
- The condition must be due to gastrointestinal disorders.

Authority required (STREAMLINED)

6156

Hyperlipoproteinaemia type 1

Authority required (STREAMLINED)

6136

Long chain fatty acid oxidation disorders

triglycerides medium chain formula powder for oral liquid, 30 x 16 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9383W NP	4	5	..	*197.91	40.30	MCT Pro-Cal [VF]

▪ TYROSINE WITH CARBOHYDRATE

Restricted benefit

Phenylketonuria

tyrosine with carbohydrate containing 1 g tyrosine oral liquid: powder for, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9165J NP	4	5	..	*438.79	40.30	Tyrosine 1000 [VF]

▪ VALINE WITH CARBOHYDRATE

Restricted benefit

Maple syrup urine disease

valine with carbohydrate containing 1 g valine oral liquid: powder for, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9434M NP	4	5	..	*482.15	40.30	Valine 1000 [VF]

valine with carbohydrate containing 50 mg valine oral liquid: powder for, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9135T NP	4	5	..	*438.79	40.30	Valine 50 [VF]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS

Note Phlexy-Vits must only be used under strict supervision of a dietician and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be aged 3 years or older.

vitamins, minerals and trace elements powder for oral liquid, 30 x 7 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11200L NP	1	5	..	275.08	40.30	Phlexy-Vits [SB]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE

Note FruitiVits must only be used under strict supervision of a dietitian and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be aged 3 years or older.

vitamins, minerals and trace elements with carbohydrate powder for oral liquid, 30 x 6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10149E NP	1	5	..	275.08	40.30	FruitiVits [VF]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE

Note Paediatric Seravit must only be used under strict supervision of a dietitian and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be an infant or a child.

vitamins, minerals and trace elements with carbohydrate powder for oral liquid, 200 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9328Y NP	6	5	..	*364.99	40.30	Paediatric Seravit [SB]

▪ WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS AND MINERALS, LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE

Authority required (STREAMLINED)

6190

Chronic renal failure

Population criteria:

- Patient must be an infant or a young child.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; OR
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

whey protein formula supplemented with amino acids, long chain polyunsaturated fatty acids, vitamins and minerals, low in protein, phosphate, potassium and lactose powder for oral liquid, 6 x 400 g cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2870C NP	4	5	..	*1358.27	40.30	Renastart [VF]

whey protein formula supplemented with amino acids, long chain polyunsaturated fatty acids, vitamins and minerals, low in protein, phosphate, potassium and lactose powder for oral liquid, 10 x 100 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9382T NP	9	5	..	*1274.32	40.30	RenaStart [VF]

▪ WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, VITAMINS AND MINERALS, AND LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE

Authority required (STREAMLINED)

6190

Chronic renal failure

Population criteria:

- Patient must be an infant or a young child.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; OR
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8587Y NP	16	5	..	*862.75	40.30	Kindergen [SB]

Palliative Care

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Palliative

ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Other agents for local oral treatment

BENZYDAMINE

Authority required (STREAMLINED)

6197

Painful mouth

Clinical criteria:

- Patient must be receiving palliative care.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5385K NP	‡1	3	..	22.67	23.92	Difflam [IL]

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

Authority required (STREAMLINED)

6207

For use in patients receiving palliative care

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5317W NP	6	3	..	*85.51	40.30	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE SXP [XC]

PROPULSIVES

Propulsives

METOCLOPRAMIDE

Authority required (STREAMLINED)

6084

Nausea or gastric stasis

Clinical criteria:

- Patient must be receiving palliative care.

metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10762K NP	4	..	..	*34.31	35.56	Maxolon [IL]

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Contact laxatives

BISACODYL

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

bisacodyl 5 mg enteric tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5301B NP	1	3	..	17.47	18.72	Lax-Tab [AE]

bisacodyl 10 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5303D NP	3	3	..	*24.10	25.35	[a] Petrus Bisacodyl Suppositories [PP]
			[B]1.29	*25.39	25.35	[a] Dulcolax [VZ]

bisacodyl 10 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5304E NP	3	3	..	*21.82	23.07	Petrus Bisacodyl Suppositories [PP]

Bulk-forming laxatives

▪ RHAMNUS FRANGULA + STERCULIA

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

rhamnus frangula 80 mg/g + sterculia 620 mg/g granules, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5322D NP	‡1	3	..	25.58	26.83	Normacol Plus [NE]

Osmotically acting laxatives

▪ MACROGOL-3350

Note Pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 510 g and pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

6170

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2351R NP	2	3	..	*26.63	27.88	[a] Herron ClearLax [ON]

macrogol-3350 1 g/g powder for oral liquid, 510 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5426N NP	2	3	..	*26.63	27.88	[a] OsmoLax [KY]

▪ MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE

Authority required (STREAMLINED)

6171

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

macrogol-3350 13.125 g/25 mL + sodium chloride 350.7 mg/25 mL + sodium bicarbonate 178.5 mg/25 mL + potassium chloride 46.6 mg/25 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10127B NP	2	3	..	*21.57	22.82	Movicol Liquid [NE]

macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5389P NP	2	3	..	*26.63	27.88	[a] APO-MACROGOL plus ELECTROLYTES [TX] [a] LaxaCon [EA] [a] Macrovic [RF] [a] Movicol [NE]	[a] Chemists' Own Macrogol with Electrolytes [RW] [a] lax-sachets [AE] [a] Molaxole [GO]

Enemas

▪ BISACODYL

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

bisacodyl 10 mg/5 mL enema, 25 x 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5302C NP	‡1	3	..	38.89	40.14	Bisalax [AS]

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 12 x 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5331N NP	2	3	..	*29.75	31.00	Micolette [AE]

Peripheral opioid receptor antagonists

▪ METHYLNALTREXONE

Authority required (STREAMLINED)

6180

Opioid-induced constipation

Clinical criteria:

- The treatment must be in combination with oral laxatives, **AND**
- Patient must be receiving palliative care, **AND**
- Patient must have failed to respond to laxatives.

methylnaltrexone bromide 12 mg/0.6 mL injection, 0.6 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5423K NP	7	..	..	*264.22	40.30	Relistor [LM]

methylnaltrexone bromide 12 mg/0.6 mL injection, 7 x 0.6 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5424L NP	1	..	..	264.19	40.30	Relistor [LM]

▪ MUSCULO-SKELETAL SYSTEM

▪ ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

Acetic acid derivatives and related substances

▪ DICLOFENAC

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

diclofenac sodium 100 mg suppository, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5363G NP	2	3	..	*27.91	29.16	Voltaren 100 [NV]

diclofenac sodium 25 mg enteric tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5361E NP	2	3	..	*14.43	15.68	[a] APO-Diclofenac [TX]	[a] Clonac 25 [RW]
						[a] Diclofenac Amneal [ED]	[a] Diclofenac AN [EA]
						[a] Diclofenac Sandoz [SZ]	[a] Fenac 25 [AF]
			[B]3.44	*17.87	15.68	[a] Voltaren 25 [NV]	

diclofenac sodium 50 mg enteric tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5362F NP	1	3	..	13.53	14.78	[a] APO-Diclofenac [TX]	[a] Clonac 50 [RW]
						[a] Diclofenac Amneal [ED]	[a] Diclofenac AN [EA]
						[a] Diclofenac Sandoz [SZ]	[a] Fenac [AF]
						[a] Pharmacor Diclofenac 50 [CR]	
			[B]3.46	16.99	14.78	[a] Voltaren 50 [NV]	

▪ INDOMETACIN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

indometacin 25 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5377B NP	2	3	..	*17.09	18.34	[a] Arthrexin [AF]
			[B]4.04	*21.13	18.34	[a] Indocid [AS]

indometacin 100 mg suppository, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5378C NP	2	3	..	*25.47	26.72	Indocid [AS]

Propionic acid derivatives

▪ IBUPROFEN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

ibuprofen 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5368M NP	3	3	..	*17.23	18.48	[a] APO-Ibuprofen 400 [TX]
			[B]7.50	*24.73	18.48	[a] Brufen [GO]

▪ NAPROXEN

Restricted benefit

Severe pain

Treatment criteria:

- Patient must be undergoing palliative care.

Clinical criteria:

- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

naproxen 125 mg/5 mL oral liquid, 474 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5397C NP	‡1	3	..	121.66	40.30	Phebra Naproxen Suspension [FF]

▪ NAPROXEN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

naproxen 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5348L NP	1	3	..	18.04	19.29	[a] Proxen SR 1000 [IY]
			[B]1.12	19.16	19.29	[a] Naprosyn SR1000 [IX]

naproxen 250 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5345H NP	2	3	..	*18.75	20.00	[a] Inza 250 [AF]
			[B]2.24	*20.99	20.00	[a] Naprosyn [IX]

naproxen 500 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5346J NP	1	3	..	16.85	18.10	[a] Inza 500 [AF]
			[B]1.12	17.97	18.10	[a] Naprosyn [IX]

naproxen 750 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5347K NP	1	3	..	16.40	17.65	[a] Proxen SR 750 [IY]
			[B]1.06	17.46	17.65	[a] Naprosyn SR750 [IX]

▪ NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

naproxen sodium 550 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5353R NP	1	3	..	17.00	18.25	[a] Crysanal [IY]
			[B]1.89	18.89	18.25	[a] Anaprox 550 [IX]

NERVOUS SYSTEM

ANALGESICS

OPIOIDS

Natural opium alkaloids

MORPHINE

Caution The risk of drug dependence is high.

Note Telephone approvals are limited to 1 month's therapy.

Authority required

Chronic severe disabling pain

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5391R NP	1	2	..	117.07	40.30	MS Contin [MF]

MORPHINE

Caution The risk of drug dependence is high.

Note Telephone approvals are limited to 1 month's therapy.

Authority required

Severe disabling pain

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5393W NP	1	2	..	19.10	20.35	Sevredol [MF]

morphine sulfate pentahydrate 20 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5394X NP	1	2	..	19.92	21.17	Sevredol [MF]

Phenylpiperidine derivatives

FENTANYL

Caution The risk of drug dependence is high.

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.

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

Authority required

Breakthrough pain

Treatment Phase: Initial treatment for dose titration

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 300 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10606F NP	1	..	..	87.70	40.30	Abstral [FK]

fentanyl 600 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10604D NP	1	..	..	87.70	40.30	Abstral [FK]

fentanyl 800 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10612M NP	1	..	..	87.70	40.30	Abstral [FK]

fentanyl 400 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10603C NP	1	..	..	87.70	40.30	Abstral [FK]

fentanyl 100 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10601Y NP	2	..	..	*160.82	40.30	Abstral [FK]

fentanyl 200 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10600X NP	2	..	..	*160.82	40.30	Abstral [FK]

fentanyl 200 microgram lozenge on handle, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5401G NP	1	..	..	96.84	40.30	Actiq [TB]

fentanyl 1200 microgram lozenge on handle, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5405L NP	1	..	..	96.84	40.30	Actiq [TB]

fentanyl 1600 microgram lozenge on handle, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5406M NP	1	..	..	96.84	40.30	Actiq [TB]

fentanyl 400 microgram lozenge on handle, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5402H NP	1	..	..	96.84	40.30	Actiq [TB]

fentanyl 600 microgram lozenge on handle, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5403J NP	1	..	..	96.84	40.30	Actiq [TB]

fentanyl 800 microgram lozenge on handle, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5404K NP	1	..	..	96.84	40.30	Actiq [TB]

▪ FENTANYL

Caution The risk of drug dependence is high.

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.

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

Authority required

Breakthrough pain

Treatment Phase: Initial treatment for dose titration

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 800 microgram orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10723J NP	2	..	..	*73.10	40.30	Fentora [TB]

fentanyl 100 microgram orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10729Q NP	2	..	..	*73.10	40.30	Fentora [TB]

fentanyl 200 microgram orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10697B NP	2	..	..	*73.10	40.30	Fentora [TB]

fentanyl 400 microgram orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10739F NP	2	..	..	*73.10	40.30	Fentora [TB]

fentanyl 600 microgram orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10722H NP	2	..	..	*73.10	40.30	Fentora [TB]

▪ FENTANYL

Caution The risk of drug dependence is high.

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.

Note For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 months' therapy.

Authority required

Breakthrough pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 300 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10610K NP	2	..	..	*462.32	40.30	Abstral [FK]

fentanyl 600 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10613N NP	2	..	..	*462.32	40.30	Abstral [FK]

fentanyl 100 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10602B NP	2	..	..	*462.32	40.30	Abstral [FK]

fentanyl 200 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10607G NP	2	..	..	*462.32	40.30	Abstral [FK]

fentanyl 400 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10608H NP	2	..	..	*462.32	40.30	Abstral [FK]

fentanyl 800 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10611L NP	2	..	..	*462.32	40.30	Abstral [FK]

fentanyl 1200 microgram lozenge on handle, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5411T NP	2	..	..	*575.84	40.30	Actiq [TB]

fentanyl 1600 microgram lozenge on handle, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5412W NP	2	..	..	*575.84	40.30	Actiq [TB]

fentanyl 200 microgram lozenge on handle, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5407N NP	2	..	..	*575.84	40.30	Actiq [TB]

fentanyl 400 microgram lozenge on handle, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5408P NP	2	..	..	*575.84	40.30	Actiq [TB]

fentanyl 600 microgram lozenge on handle, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5409Q NP	2	..	..	*575.84	40.30	Actiq [TB]

fentanyl 800 microgram lozenge on handle, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5410R NP	2	..	..	*575.84	40.30	Actiq [TB]

▪ FENTANYL

Caution The risk of drug dependence is high.

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.

Note For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 months' therapy.

Authority required

Breakthrough pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 800 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10738E NP	2	..	..	*432.06	40.30	Fentora [TB]

fentanyl 100 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10684H NP	2	..	..	*432.06	40.30	Fentora [TB]

fentanyl 200 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10698C NP	2	..	..	*432.06	40.30	Fentora [TB]

fentanyl 400 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10737D NP	2	..	..	*432.06	40.30	Fentora [TB]

fentanyl 600 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10713W NP	2	..	..	*432.06	40.30	Fentora [TB]

Diphenylpropylamine derivatives

▪ METHADONE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 month's therapy.

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.

Authority required

Chronic severe disabling pain

Treatment Phase: Initial treatment, for up to 3 months

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5399E NP	1	2	..	23.09	24.34	Aspen Methadone Syrup [QA]

▪ METHADONE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 month's therapy.

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.

Authority required

Chronic severe disabling pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5400F NP	1	..	..	23.09	24.34	Aspen Methadone Syrup [QA]

Oripavine derivatives

▪ BUPRENORPHINE

Caution The risk of drug dependence is high.

Note Telephone approvals are limited to 1 month's therapy.

Authority required

Chronic severe disabling pain

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

buprenorphine 15 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10953L NP	2	2	..	*70.42	40.30	[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 25 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10964C NP	2	2	..	*93.64	40.30	Norspan [MF]

buprenorphine 30 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10949G NP	2	2	..	*104.94	40.30	Norspan [MF]

buprenorphine 40 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10959T NP	2	2	..	*127.52	40.30	Norspan [MF]

buprenorphine 5 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10957Q NP	2	2	..	*38.98	40.23	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 10 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10948F NP	2	2	..	*58.52	40.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 20 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10970J NP	2	2	..	*82.36	40.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

▪ PARACETAMOL

Restricted benefit

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

paracetamol 500 mg suppository, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5319Y NP	4	3	..	*82.43	40.30	Panadol [GC]

▪ PARACETAMOL

Note Pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 96 and pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 192 are equivalent for the purposes of substitution.

Restricted benefit

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

paracetamol 665 mg modified release tablet, 192

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10796F NP	1	3	..	18.94	20.19	[a] Osteomol 665 Paracetamol [CR]

paracetamol 665 mg modified release tablet, 96

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5343F NP	2	3	..	*18.95	20.20	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX]	[a] Osteomol 665 Paracetamol [CR]

▪ ANTIEPILEPTICS

ANTIEPILEPTICS

Benzodiazepine derivatives

▪ CLONAZEPAM

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

Authority required

Myoclonus

Clinical criteria:

- The treatment must be for prophylaxis or prevention of the indication, **AND**
- Patient must be receiving palliative care.

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5339B NP	2	3	..	*18.99	20.24	Rivotril [RO]

clonazepam 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5338Y NP	1	3	..	22.19	23.44	[a] Paxam 2 [AF]
			[B]2.30	24.49	23.44	[a] Rivotril [RO]

▪ CLONAZEPAM

Note Pharmaceutical benefits that have form pack size clonazepam 500 microgram tablet, 100 and clonazepam 500 microgram tablet, 50 are equivalent for the purposes of substitution.

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

Authority required

Myoclonus

Clinical criteria:

- The treatment must be for prophylaxis or prevention of the indication, **AND**
- Patient must be receiving palliative care.

clonazepam 500 microgram tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11520H NP	2	3	[B]1.84	*19.03	18.44	[a] Rivotril [RO]

clonazepam 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5337X NP	1	3	..	17.18	18.43	[a] Paxam 0.5 [AF]
			[B]1.84	19.02	18.43	[a] Rivotril [RO]

PSYCHOLEPTICS

ANXIOLYTICS

Benzodiazepine derivatives

DIAZEPAM

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

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving palliative care.

diazepam 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5355W NP	1	3	..	12.80	14.05	[a] APO-Diazepam [TX]	[a] Valpam 2 [RW]
			[B]2.99	15.79	14.05	[a] Antenex 2 [AF]	

diazepam 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5356X NP	1	3	..	12.87	14.12	[a] Antenex 5 [AF] [a] Valpam 5 [RW]	[a] APO-Diazepam [TX]
			[B]3.30	16.17	14.12	[a] Valium [RO]	

OXAZEPAM

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

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving palliative care.

oxazepam 15 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5371Q NP	2	3	..	*14.33	15.58	[a] Alepam 15 [AF]
			[B]5.32	*19.65	15.58	[a] Serepax [QA]

oxazepam 30 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5372R NP	2	3	..	*13.65	14.90	[a] Alepam 30 [AF] [a] Murelax [RW]	[a] APO-Oxazepam [TX]
			[B]4.66	*18.31	14.90	[a] Serepax [QA]	

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

NITRAZEPAM

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

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving palliative care.

nitrazepam 5 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5359C NP	2	3	..	*14.71	15.96	[a] Alodorm [AF]
			[B]2.48	*17.19	15.96	[a] Mogadon [IL]

▪ TEMAZEPAM

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

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving palliative care.

temazepam 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5375X NP	2	3	..	*13.65	14.90	[a] APO-Temazepam [TX] [a] Temtabs [FM]	[a] Temaze [AF]
			[B]6.96	*20.61	14.90	[a] Normison [QA]	

Repatriation Pharmaceutical Benefits Scheme

BENEFICIARIES' ENTITLEMENT CARDS AND ELIGIBILITY FOR REPATRIATION PHARMACEUTICAL BENEFITS

Gold card
This card is issued to those veterans of Australia's defence force, their widows/widowers and dependants entitled to treatment for all medical conditions.



White card
A White Card is issued to Australian veterans or mariners under the Veterans' Entitlements Act 1986 with:

- an accepted war or service-caused injury or disease;
- malignant cancer (neoplasia) whether war-caused or not;
- pulmonary tuberculosis whether war-caused or not;
- post-traumatic stress disorder whether war-caused or not; or
- anxiety and/or depression whether war-caused or not.



Orange card
Orange Repatriation pharmaceutical benefits cards are issued to Commonwealth and allied veterans and mariners who:

- have qualifying service from World War I or II and
- are aged 70 or over and
- have been resident in Australia for 10 years or more.



For more information go to the Department of Veterans' Affairs website:
http://www.dva.gov.au

RPBS Explanatory Notes
Introduction

The Australian Repatriation System

- The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. In certain cases, treatment is also provided for accepted injuries or conditions that are not service-related or have occurred as a result of other than war service.
- Through the *Veterans' Entitlements Act 1986* the Department of Veterans' Affairs provides programs of compensation, income support and treatment for eligible veterans and their dependants. One of the defined benefits for eligible veterans is the Repatriation Pharmaceutical Benefits Scheme. This range of medications and dressings is more comprehensive than is available through the Pharmaceutical Benefits Scheme.

RPBS prescribing provisions

- Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions must conform with the requirements of Pharmaceutical Benefits Scheme (PBS) prescriptions, as detailed in Section 1 – Explanatory Notes in the *Schedule of Pharmaceutical Benefits* book. The prescriber shall ensure that a prescription contains the following details:
  - the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
  - the patient's full name and address;
  - the prescription date;
  - the DVA file number of the patient as evidence of entitlement;
  - in the case of authority prescriptions, the Authority approval number or the four digit streamlined authority code;
  - the item, form, strength, quantity and directions;
  - the number of repeats, if applicable;
  - indicate when brand substitution is not permitted; and
  - the name, signature, the prescriber number and address of the prescriber.

Prior Approval Arrangements

- The prior approval of the Department is required to prescribe the following:
  - 'Authority required' items (excluding 'Authority required (STREAMLINED)' items) listed in either the PBS or RPBS Schedule;
  - increased quantities and/or repeats of items listed in either the PBS or RPBS Schedule;
  - items listed under section 100 of the *National Health Act 1953*; and
  - other items not listed in either Schedule (non-Schedule items).
- The above items are to be prescribed on the common PBS/RPBS authority prescription form in accordance with the directions stated in the Explanatory Notes in the *Schedule of Pharmaceutical Benefits* (See also information regarding dental prescribing and prescribing by optometrists under the RPBS in these Notes.)
- All Authority required prescriptions and requests for non-Schedule items must receive prior approval from the Department. This can be achieved by either:
  - using the Department's national free call number 1800 552 580; or
  - by mailing the written authority prescription to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) at the reply paid address shown at the end of these RPBS Explanatory Notes.

Prior approval is not required from DVA to prescribe an Authority required (STREAMLINED) item (except where increased quantities and/or repeats are required). Instead the authority prescription form must include a four digit streamlined authority code.

- Some requests for prior approval (including some non-Schedule items) need to be referred by VAPAC to the Repatriation Pharmaceutical Reference Committee for consideration. In such cases a VAPAC pharmacist will advise the prescriber to submit a request in writing that provides the following information:
  - A current clinical report on the patient's condition (such as age, co-morbidities, renal, liver failure) and clinical reports including pathology, biochemistry, diagnostic and other investigations if appropriate.
  - Details of past and current therapy for the condition. Include details of PBS, RPBS and non-Schedule items utilised, and the results of those therapies.
  - Details of the proposed treatment regimen. Include intended dose and duration of treatment and objective measures of response.
  - When the proposed use of the item is outside the TGA-approved indications for use in Australia, provide copies of articles from peer reviewed publications supporting the proposed treatment.
  - Signed, informed patient consent where the item is to be used for a non-TGA-approved indication.
  - For items without Australian marketing approval, a copy of the TGA Special Access Scheme approval to prescribe the drug.
- Requests for prior approval to prescribe a non-Schedule (PBS or RPBS) item that is of the same therapeutic class (ATC level 3) as an item that is listed on the Schedule, will not be approved unless unequivocal clinical evidence is presented to demonstrate that the requested item is essential for effective treatment of the nominated patient.
- A pharmacist should not supply an item prescribed on an RPBS Authority Prescription Form unless the form has been approved and stamped by VAPAC, or has been endorsed by the prescriber with a telephone Authority approval number provided by VAPAC. Medicare Australia will not accept RPBS Authority prescriptions that have not been approved by the Department of Veterans' Affairs for payment.

Palliative Care Drugs

- The following medications may be available, or made available in increased quantities or doses under prior approval arrangements for use only in the palliative care of terminal disease:
  - clonazepam
  - cyclizine

- dexamethasone
- disodium pamidronate
- fentanyl
- glycopyrrolate
- hyoscine butylbromide
- hyoscine hydrobromide
- ketamine
- midazolam
- octreotide

- For further information telephone VAPAC on 1800 552 580.

Dental Prescribing

- Under Department of Veterans' Affairs arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to treatment to which holders of the following cards are entitled: Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).
  - a Gold Repatriation Health Card – For All Conditions; or
  - a White Repatriation Health Card – For Specific Conditions; or
  - an Orange Repatriation Pharmaceutical Benefits Card.
- Prescriptions for PBS Dental Schedule items for Gold, White and Orange Card holders are to be dispensed at the PBS concessional rate. Claims for payment by the dispensing pharmacist are to be included with other Repatriation prescriptions. The card holder is required to meet the cost of any applicable brand premium.
- When a non-PBS Dental Schedule item is prescribed for an eligible card holder, the LDO's private prescription form should be used. The dispensing pharmacist may charge the patient the full cost of the prescription. The patient may claim a refund for the full cost of a non-Schedule item from the Department if an itemised receipt (not a cash register receipt) and a copy of the prescription are provided.

Prescribing by optometrists

- Optometrists approved as ‘PBS prescribers’ may write RPBS prescriptions as outlined in Section 1 for medicines listed in Section 2 of the PBS Schedule as pharmaceutical benefits for optometrical use.
- Medicines in the optometrist list include non-Authority and Authority required items. Procedures for obtaining VAPAC approval to prescribe ‘Authority required’ optometrist items or increased quantities and/or repeats of optometrist items under the RPBS are the same as indicated under prior approval arrangements above.
- The list of medicines for prescribing by optometrists under the RPBS is the same as applies under the PBS. There are no optometrist listings in the RPBS Schedule for prescribing for veterans only. There is no provision for optometrist prescribers to request approval to prescribe items that are not included in the PBS optometrist list (non-Schedule items).
- Optometrist PBS/RPBS prescription forms are for use for prescribing non-Authority or Authority required optometrist items under the RPBS with one item per form only.

Provisions governing pricing and payment for RPBS benefits

Introduction

- Unless otherwise stated, the pricing and payment principles and arrangements for approved pharmacists supplying pharmaceutical benefits under the RPBS will be the same as those arrangements applying under the PBS.
- Where a pharmaceutical benefit that is not listed on the PBS or RPBS Schedule is dispensed on an RPBS Authority prescription, a pharmacist will price the benefit and enter the serial number, prescription identifying number and price on the sticker or stamp imprint affixed to the prescription.

Pricing of Schedule Items

- Items supplied under the RPBS from the PBS Schedule, both ready-prepared and extemporaneously-prepared, will be paid on the same basis as benefits supplied under the PBS. Items supplied under the RPBS from the Repatriation Schedule, including wound dressings, will be paid on the basis of the price as given in the Repatriation Pharmaceutical Benefits section (Section 1 – RPBS Schedule, Drugs, Medicines and Dressings) of the *Schedule of Pharmaceutical Benefits*.

Pricing of Non-Schedule Ready Prepared Items

- Non-Schedule ready-prepared items are to be priced on the basis of the invoiced, GST-exclusive wholesale price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee. Where the item price to pharmacists is greater than $100.00, a copy of the invoice pertaining to the supply of that item is to be submitted together with the appropriate copy of the authority prescription as part of the claim for payment.

Pricing of Non-Schedule Extemporaneously Prepared Items

- When an ingredient drug is not listed in the PBS Drug Tariff, the recovery price will be based on the invoiced wholesale price to pharmacists, increased by a mark-up of 100%, calculated in accordance with the directions contained in the pricing instructions for pricing of PBS extemporaneously-prepared benefits in this Schedule. The price paid by the pharmacist for the commercial pack from which the ingredient is used shall be endorsed on the prescription form.

Miscellaneous Pricing Rules

- The price to pharmacists used as the basis of pricing will be the invoiced, GST-exclusive price from the wholesaler.
- If multiple quantities of a manufacturer's original pack are supplied, the PBS mark-up is applied to the price to pharmacist of each pack and then totalled. The PBS dispensing fee, and the PBS dangerous drug fee if applicable, are then added to the total of the marked-up prices.

- When the quantity prescribed corresponds with the quantity of a manufacturer's original pack, in no circumstances will the price payable for one pack exceed that payable for multiples or combinations of packs to supply the quantity prescribed.
- The list of ingredient drugs and prices included in the PBS Drug Tariff are common to both the PBS and RPBS. Certain restrictions apply regarding the prescribing and dispensing of some of these ingredient drugs as pharmaceutical benefits, e.g., use as additive only.
- For items prescribed generically, including non-Schedule and wound dressings, the pharmacist should indicate on the prescription the quantity and brand supplied. If prescriptions are not endorsed, the Department will pay the lowest priced acceptable product available.

General

Packaging Material, Postage or Freight

- Payment to a pharmacist for the costs of packaging materials, postage or freight required to supply a pharmaceutical benefit is to be paid by the patient, who may then claim reimbursement from the Department through the provision of a pharmacists itemised receipt.

Payment for Items Supplied at Short Intervals

- For all items dispensed at specific short intervals of time, the Department will pay a separate PBS dispensing fee for each occasion that the drug is supplied and which is acknowledged on receipt by the patient or agent.
- The price payable on the items supplied will be based on the individual dose quantity supplied. Where applicable, a PBS dangerous drug fee and a minimum container charge will be payable for each supply.

Receipts for Patient Charges

- Where a charge is paid by a patient in any of the circumstances of paragraphs 13 or 24, the pharmacist is required to provide a printed receipt to the patient with the details of the items or services provided, the amount paid, date of supply and the patients name and address. The patient may apply for reimbursement from the Department.

Special Patient Contributions

- The Special Patient Contribution for items listed as Special Pharmaceutical Benefits in the PBS Schedule is not payable by veterans entitled to pharmaceutical benefits under the RPBS. Eligible veterans receiving Special Pharmaceutical Benefits under the RPBS are required to pay only the concessional patient contribution and any applicable brand premium. If a Safety Net Entitlement card is held, the veteran should receive a Special Pharmaceutical Benefit free of charge, subject to any brand premium applicable. Medicare Australia will reimburse the dispensing pharmacist the total dispensed price, less the concessional patient contribution and/or brand premium if applicable.

Therapeutic Group Premiums — Authority Processing

- Items attracting a therapeutic group premium are dual listed. Dispensing pharmacists are therefore required to select the appropriate code for those items that are dual listed as authority and non-authority items, in order to correctly charge the patient and claim from Medicare Australia. Those authority prescriptions that grant exemption from a therapeutic group premium will have the letters 'TPX' at the beginning of the telephone Authority approval number, or, in the case of a written approval, will be stamped with the words "This prescription does not attract a therapeutic group premium".

Contact the Department of Veterans' Affairs

Authority Prescription Applications

Applications for authority to prescribe under the Repatriation Pharmaceutical Benefits Scheme (RPBS) should be sent to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) using the free postal service:

REPLY PAID 9998
VAPAC (Veterans' Affairs Pharmaceutical Advisory Centre)
Department of Veterens' Affairs
GPO Box 9998
BRISBANE QLD 4001

For RPBS enquiries and telephone approvals 24 hours a day the Freecall number is: 1800 552 580
Departmental pharmacists answer applications for prior approval for non-Schedule items and Authority application calls.

WOUND ASSESSMENT AND DRESSING IDENTIFICATION

It is essential to define the aetiology of the wound before selecting a dressing. Recommendations are based on wound type, colour of wound base, depth of wound, and amount of exudate.

This wound chart adheres to the MOIST WOUND concept of healing and wound dressings are described below as ABSORBING or MOISTURE DONATING.

Most wound healing products are designed to remain in situ for several days, with the exception of those for infected wounds which should be changed daily. The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of a wound for two weeks to one month, when an assessment of the wound's healing process should be undertaken.

DRESSINGS

Pink Epithelialising Wound

Aim: To protect and promote epithelialisation. Epithelialising wounds normally are superficial and only produce a light exudate.

(A) Covering	• Film; • Film Island	• Gauze—Paraffin; • Non-adherent
(B) Absorbing	• Foam (Light Exudate); • Hydroactive (Superficial Wound—Light Exudate)	• Hydrocolloid (Superficial Wound—Light Exudate)

Red Granulating Wound

Aims: (1) to protect the granulating tissue; (2) to encourage epithelialisation; (3) to absorb excess exudate.

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	• Foam (Light Exudate); • Hydroactive (Superficial Wound—Light Exudate); • Hydrocolloid (Superficial Wound—Light Exudate)	• Hydrocolloid (Cavity Wound)
(B) Moisture donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous
HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	• Alginate (Superficial Wound); • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate)	• Alginate (Cavity Wound); • Foam—Moderate Exudate (see “cavity conforming” product); • Hydroactive (Cavity Wound); • Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

Yellow Sloughy Wound

Aims: (1) to remove slough; (2) to encourage granulation; (3) to absorb excess exudate.

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	• Cadexomer Iodine; • Foam—Light Exudate; • Foam with Charcoal; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate Exudate)	• Cadexomer Iodine; • Hydrocolloid (Cavity Wound)
(B) Moisture Donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous
HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	• Alginate (Superficial Wound); • Cadexomer Iodine; • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate/High Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate)	• Alginate (Cavity Wound); • Cadexomer Iodine; • Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

Black Necrotic Wound
Aims: To remove eschar by — (1) sharp debridement, e.g., scissor/scalpel and/or (2) rehydration and autolytic debridement. (These wounds usually produce a LIGHT EXUDATE.)

DRY / LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	• Hydroactive (Superficial Wound—Light Exudate); • Hydrocolloid (Superficial Wound—Light/Moderate Exudate)	• Hydrocolloid (Cavity Wound)
(B) Moisture donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous; • Hydrogel—Sheet

Infected Wounds
Aims: (1) to clear the infection with systemic antibiotics; (2) to absorb excess exudate; (3) to remove slough if present; (4) to decrease bacterial burden - by applying a Silver dressing or Cadexomer Iodine dressing.

Malodorous Wounds
Aims: (1) to clear infection if present; (2) to remove slough if present; (3) to clear colonising odour-producing bacteria **in** slough — by applying metronidazole gel, a Silver dressing or a Cadexomer Iodine dressing; (4) to absorb excess exudate.
Products: Activated Charcoal; Alginate with Charcoal; Foam with Charcoal; Silver dressing; Cadexomer Iodine dressing.

Minor Skin Trauma
Aims: (1) to stop bleeding; (2) to prevent infection; (3) to minimise the surface defect; (4) to promote epithelialisation.

Ordering Products

Ordering Coloplast Products
Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

Ordering Hartmann Products
Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

Ordering Molnlycke Healthcare Products
Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

Ordering Smith & Nephew Products
Smith & Nephew products are distributed via the three major wholesalers, API, SIGMA & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

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ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Antiinfectives and antiseptics for local oral treatment

CHLORHEXIDINE

chlorhexidine gluconate 0.2% mouthwash, 250 mL

4161B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.24	6.50	Plaqacide [OB]

chlorhexidine gluconate 0.2% mouthwash, 300 mL

4204G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.18	6.50	Savacol Mouth and Throat Rinse [OM]

NYSTATIN

nystatin 100 000 units/mL oral liquid, 24 mL

10854G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	17.96	6.50	[a] Pharmacy Action Nystatin Oral Drops [GQ]
		..	19.20	6.50	[a] Mycostatin Oral Drops [QA]

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

Synthetic anticholinergics, esters with tertiary amino group

MEBEVERINE

mebeverine hydrochloride 135 mg tablet, 90

4328T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	29.30	6.50	[a] APO-Mebeverine [TX]	[a] Colese [AF]
		..	33.80	6.50	[a] Colofac [GO]	

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

4279F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	23.82	6.50	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE SXP [XC]

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Softeners, emollients

DOCUSATE

docusate sodium 50 mg tablet, 100

4200C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	18.34	6.50	Coloxyl 50 [FM]

Contact laxatives

BISACODYL

bisacodyl 10 mg suppository, 10

10578R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*24.10	6.50	[a] Petrus Bisacodyl Suppositories [PP]
		..	*25.39	6.50	[a] Dulcolax [VZ]

bisacodyl 10 mg suppository, 12

10580W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	4	..	*21.82	6.50	Petrus Bisacodyl Suppositories [PP]

▪ DOCUSATE + SENNOSIDE B

docusate sodium 50 mg + sennoside B 8 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10177P	1	2	..	17.32	6.50	Pharmacy Action Laxative with Senna [GQ]

docusate sodium 50 mg + sennoside B 8 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4028B	1	2	..	18.43	6.50	Soflax [EA]

▪ DOCUSATE + SENNOSIDES

docusate sodium 50 mg + sennosides 11.27 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4198Y	1	2	..	17.36	6.50	[a] Chemists' Own Laxative with Senna [RW]	[a] Colaxsen [QA]
						[a] Co-Senna [PP]	
			..	20.41	6.50	[a] Coloxyl with Senna [FM]	

▪ SENNOSIDE B

sennoside B 7.5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4455L	1	1	..	16.85	6.50	[a] Senna-Gen [PP]
			..	17.95	6.50	[a] Senokot [RC]

Bulk-forming laxatives

▪ DRY PSYLLIUM HUSK

dry psyllium husk 3.5 g powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4285M	‡1	1	..	21.24	6.50	Fybogel [RC]

▪ PSYLLIUM HUSK POWDER

PSYLLIUM HYDROPHILIC MUCILLOID Oral powder (non-flavoured) 336 g, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4422R	‡1	1	..	21.57	6.50	Fibre Health Natural Granular [PP]
			..	24.74	6.50	Metamucil Natural Granular [PY]

PSYLLIUM HYDROPHILIC MUCILLOID Oral powder (orange-flavoured, sugar-free) 283 g, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4419N	‡1	1	..	24.74	6.50	Metamucil Orange Smooth [PY]

▪ RHAMNUS FRANGULA + STERCULIA

rhamnus frangula 80 mg/g + sterculia 620 mg/g granules, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4558X	‡1	1	..	25.58	6.50	Normacol Plus [NE]

Enemas

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 4 x 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4462W	‡1	..	..	16.42	6.50	Micolette [AE]

Other drugs for constipation

▪ GLYCEROL

glycerol 1.4 g suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10596Q	3	5	..	*23.71	6.50	Petrus Pharmaceuticals Pty Ltd [PP]

glycerol 2.8 g suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4246L	3	5	..	*24.19	6.50	Petrus Pharmaceuticals Pty Ltd [PP]

glycerol 700 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10586E	3	5	..	*23.35	6.50	Petrus Pharmaceuticals Pty Ltd [PP]

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

ELECTROLYTES WITH CARBOHYDRATES

Oral rehydration salt formulations

SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE MONOHYDRATE + CITRIC ACID

sodium chloride 470 mg + potassium chloride 300 mg + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10574M	‡1	..	..	16.29	6.50	restore O.R.S. [EA]

ANTIPROPULSIVES

Antipropulsives

LOPERAMIDE

loperamide hydrochloride 2 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11135C	1	..	..	12.97	6.50	Pharmacy Action Diarrhoea Relief [GQ]

loperamide hydrochloride 2 mg capsule, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10592L	1	..	..	12.97	6.50	Gastrex [CR]

ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

Peripherally acting antiobesity products

ORLISTAT

Note The patient should be ideally enrolled in an exercise program and be receiving supplemental vitamins.

Authority required

Obesity

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a Body Mass Index (BMI) greater than or equal to 35 with no known co-morbidities; OR
- Patient must have a BMI greater than or equal to 30 with 1 or more of the following co-morbidities;(i) diabetes;(ii) ischaemic heart disease;(iii) psychiatric conditions;(iv) hypertension, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available), **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime.

The prescriber must provide the patient's initial body weight and BMI at the time of application.

Authority required

Obesity

Treatment Phase: Continuing treatment (3 to 6 months following commencement)

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have reduced their inital body weight by 2.5 kg or 2.5% (whichever is the lesser) during the period 3 to 6 months following commencement of treatment with this drug, **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

Authority required

Obesity

Treatment Phase: Continuing treatment (6 to 12 months following commencement)

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have reduced their inital body weight by 5 kg or 5% (whichever is the lesser) during the period 6 to 12 months following commencement of treatment with this drug, **AND**

- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

orlistat 120 mg capsule, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4570M	1	2	..	133.06	6.50	Xenical [RO]

▪ VITAMINS

VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12

Vitamin B1, plain

▪ THIAMINE

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4043T	1	2	..	15.37	6.50	Betavit [PP]

VITAMIN B-COMPLEX, INCL. COMBINATIONS

Vitamin B-complex, plain

▪ LYSINE + THIAMINE + PYRIDOXINE + CYANOCOBALAMIN + FERRIC PYROPHOSPHATE

lysine hydrochloride 300 mg/10 mL + thiamine hydrochloride 10 mg/10 mL + pyridoxine hydrochloride 5 mg/10 mL + cyanocobalamin 25 microgram/10 mL + iron (as ferric pyrophosphate) 10 mg/10 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4493L	‡1	2	..	17.50	6.50	Accomin Adult Tonic [PF]

▪ MINERAL SUPPLEMENTS

CALCIUM

Calcium

▪ CALCIUM

Restricted benefit
Hyperphosphataemia
Clinical criteria:

- The condition must be associated with chronic renal failure.

CALCIUM Tablet (chewable) 500 mg (as carbonate), 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4094L	4	1	..	*27.35	6.50	Cal-500 [PP]

CALCIUM Tablet 600 mg (as carbonate), 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4142B	2	1	..	*22.63	6.50	CAL-600 [PP]

▪ CALCIUM

Restricted benefit
Hypocalcaemia
Restricted benefit
Osteoporosis
Restricted benefit
Proven calcium malabsorption

CALCIUM Tablet (chewable) 500 mg (as carbonate), 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4333C	2	1	..	*19.43	6.50	Cal-500 [PP]

CALCIUM Tablet 600 mg (as carbonate), 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4082W	1	1	..	17.05	6.50	CAL-600 [PP]

OTHER MINERAL SUPPLEMENTS

Magnesium

▪ MAGNESIUM ASPARTATE DIHYDRATE

Restricted benefit

Hypomagnesaemia

The condition must be documented in the patient's medical records.

magnesium aspartate dihydrate 500 mg (magnesium 37.4 mg) tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4321K	1	..	..	17.50	6.50	Amcal Mag-A [IG] Pharmacy Care Magnesium [SI]	Mag-Sup [PP]
			..	18.07	6.50	Magmin [BB]	

▪ BLOOD AND BLOOD FORMING ORGANS

▪ ANTITHROMBOTIC AGENTS

ANTITHROMBOTIC AGENTS

Platelet aggregation inhibitors excl. heparin

▪ ASPIRIN

aspirin 100 mg tablet, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10590J	1	1	..	13.32	6.50	Spren 100 [OW]

aspirin 100 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4076M	1	1	..	19.52	6.50	Cardiprin 100 [RC]

▪ ASPIRIN

Note The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.

aspirin 100 mg enteric capsule, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4078P	1	1	..	18.61	6.50	Astrix [YN]

aspirin 100 mg enteric tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4077N	1	1	..	17.82	6.50	Cardasa [AF] [a] Cartia [AS]	[a] Pharmacy Action Low Dose Aspirin [GQ]

▪ CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

Authority required

For use in patients pre- and post-angioplasty

clopidogrel 75 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10169F	1	3	..	15.57	6.50	[a] Clopidogrel GH [GQ]	[a] Plidogrel [RF]

clopidogrel 75 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4179Y	1	3	..	15.57	6.50	[a] APO-Clopidogrel [TX] [a] Chem mart Clopidogrel [CH] [a] Iscover [AV] [a] Plavix [SW]	[a] Blooms the Chemist Clopidogrel [IB] [a] Clopidogrel AN [EA] [a] Piax [AF] [a] Terry White Chemists Clopidogrel [TW]

▪ ANTIANEMIC PREPARATIONS

IRON PREPARATIONS

Iron bivalent, oral preparations

▪ FERROUS FUMARATE

ferrous fumarate 200 mg (iron 65.7 mg) tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10594N	1	1	..	18.15	6.50	Ferro-tab [AE]

RPBS

Iron in combination with folic acid

▪ FERROUS FUMARATE + FOLIC ACID

ferrous fumarate 310 mg (iron 100 mg) + folic acid 350 microgram tablet, 60

10579T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	19.17	6.50	Ferro-f-tab [AE]

VITAMIN B12 AND FOLIC ACID

Vitamin B12 (cyanocobalamin and analogues)

▪ HYDROXOCOBALAMIN

Note One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.

Note Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.

Restricted benefit

Pernicious anaemia

Restricted benefit

Proven vitamin B12 deficiencies other than pernicious anaemia

Restricted benefit

Anaemias associated with vitamin B12 deficiency

Clinical criteria:

- Patient must have had a gastrectomy, **AND**
- The treatment must be for prophylaxis.

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

10577Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	15.75	6.50	[a] Vita-B12 [GH]

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

10587F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	15.75	6.50	[a] Neo-B12 [PF]

Folic acid and derivatives

▪ FOLIC ACID

folic acid 500 microgram tablet, 100

10584C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*15.55	6.50	[a] Foltabs 500 [PP]	[a] Megafol 0.5 [AF]

▪ FOLIC ACID

Note The 5 mg strength tablet should be used in malabsorption states only.

folic acid 5 mg tablet, 100

10573L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*17.77	6.50	Megafol 5 [AF]

RPBS

▪ BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

IRRIGATING SOLUTIONS

Salt solutions

▪ SODIUM CHLORIDE

sodium chloride 0.9% (9 g/L) solution, 1 L bottle

4461T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	15.16	6.50	Baxter Healthcare Pty Ltd [BX]

sodium chloride 0.9% (4.5 g/500 mL) solution, 500 mL bottle

4460R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	14.88	6.50	Baxter Healthcare Pty Ltd [BX]

CARDIOVASCULAR SYSTEM

VASOPROTECTIVES

AGENTS FOR TREATMENT OF HEMORRHOIDS AND ANAL FISSURES FOR TOPICAL USE

Other agents for treatment of hemorrhoids and anal fissures for topical use

ZINC OXIDE + PERU BALSAM + BENZYL BENZOATE

zinc oxide 10.75% + peru balsam 1.88% + benzyl benzoate 1.25% ointment, 50 g

4039N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	18.45	6.50	Anusol [JT]

zinc oxide 300 mg + peru balsam 50 mg + benzyl benzoate 33 mg suppository, 12

4040P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	17.51	6.50	Anusol [JT]

DERMATOLOGICALS

ANTIFUNGALS FOR DERMATOLOGICAL USE

ANTIFUNGALS FOR TOPICAL USE

Antibiotics

NYSTATIN

nystatin 100 000 units/g cream, 15 g

4001N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	15.76	6.50	Mycostatin [FM]

Imidazole and triazole derivatives

CLOTRIMAZOLE

clotrimazole 1% cream, 20 g

4004R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	13.24	6.50	[a] Pharmacy Action Anti-Fungal Cream [GQ]
		..	13.58	6.50	[a] Clonea [AF]

Other antifungals for topical use

AMOROLFINE

Restricted benefit

Onychomycosis

amorolfine 5% application, 5 mL

4010C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	48.04	6.50	[a] Myconail [AE]
		..	68.12	6.50	[a] Pharmacy Action Anti-Fungal Nail Treatment [GQ]
		..	84.29	6.50	[a] Aporyl [TX]
		..	93.04	6.50	[a] Loceryl [GA]

TERBINAFINE

Restricted benefit

Tinea pedis

terbinafine hydrochloride 1% cream, 15 g

4473K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	24.93	6.50	[a] Lamisil [GK]	[a] Pharmacy Action Pharmisil [GQ]

terbinafine 1% gel, 15 g

4463X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	26.20	6.50	Lamisil DermGel [GK]

TOLNAFTATE

tolnaftate 0.07% spray, 100 g

4481W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.02	6.50	Tinaderm [BN]

ANTIFUNGALS FOR SYSTEMIC USE

Antifungals for systemic use

▪ TERBINAFINE

Authority required

Onychomycosis

Clinical criteria:

- The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider; OR
- The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider.

terbinafine 250 mg tablet, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4011D	1	1	..	30.39	6.50	[a] APO-Terbinafine [TX]	[a] GenRx Terbinafine [GX]
						[a] Lamisil (Novartis Pharmaceuticals Australia Pty Limited) [NV]	[a] Tamsil [RW]
						[a] Terbinafine GH [GQ]	[a] Terbinafine Sandoz [SZ]
						[a] Tinasil [AF]	

▪ EMOLLIENTS AND PROTECTIVES

EMOLLIENTS AND PROTECTIVES

Soft paraffin and fat products

▪ WOOL ALCOHOLS

wool alcohols 6% ointment, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4041Q	‡1	1	..	18.23	6.50	Eucerin [BE]

Carbamide products

▪ UREA

urea 10% cream, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4042R	‡1	2	..	16.50	6.50	Aquacare H.P. [AG]
			..	16.72	6.50	Urederm [KY]
			..	17.00	6.50	Calmurid [OL]

Other emollients and protectives

▪ GELATIN + PECTIN + CARMELLOSE SODIUM

gelatin 16.7% + pectin 16.7% + carmellose sodium 16.7% paste, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4518T	‡1	..	..	16.20	6.50	Orabase [QA]

▪ GLYCEROL + WHITE SOFT PARAFFIN

glycerol 5% + white soft paraffin 5% lotion, 1 L

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11712K	‡1	1	..	30.68	6.50	QV Skin Lotion [EO]

▪ SKIN EMOLLIENT

SKIN EMOLLIENT Bath oil 500 mL, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4122Y	‡1	2	..	20.98	6.50	Alpha Keri Bath Oil [MT]
			..	23.08	6.50	QV Bath Oil [EO]
			..	23.16	6.50	Hamilton Skin Therapy Oil [KY]

SKIN EMOLLIENT Lotion 500 mL, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4107E	‡1	2	..	20.98	6.50	Alpha Keri Lotion [MT]

PROTECTIVES AGAINST UV-RADIATION

Protectives against UV-radiation for topical use

▪ BEMOTRIZINOL + OCTOCRYLENE + DIETHYLAMINO HYDROXYBENZOYL HEXYL BENZOATE + TITANIUM DIOXIDE

bemotrizinol 1% + octocrylene 2% + diethylamino hydroxybenzoyl hexyl benzoate 3.5% + titanium dioxide 2% lotion, 125 mL

11387H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	21.59	6.50	Sunsense Ultra SPF 50+ [EO]

▪ SUNSCREENS

SUNSCREENS Cream 75 g, 1

4307Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	21.59	6.50	Sunsense Sensitive SPF 50+ [EO]

SUNSCREENS Lotion (non-alcoholic) 125 mL, 1

4546G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	19.79	6.50	Aquasun Lotion SPF 18 [PF]

▪ ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Anesthetics for topical use

▪ LIDOCAINE (LIGNOCAINE)

lidocaine (lignocaine) hydrochloride 2% oral liquid, 200 mL

4308R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	103.60	6.50	Xylocaine Viscous [QA]

Other antipruritics

▪ TAR + TROLAMINE LAURIL SULFATE

Note For patients who have failed to respond to simple moisturising agents.

tar 2.3% + trolamine lauril sulfate 6% solution, 500 mL

4408B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	25.83	6.50	Pinetarsol [EO]

▪ ANTIPSORIATICS

ANTIPSORIATICS FOR TOPICAL USE

Tars

▪ COAL TAR SOLUTION + PHENOL + PRECIPITATED SULFUR

coal tar solution 5% + phenol 0.5% + precipitated sulfur 0.5% gel, 30 g

4505D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	19.83	6.50	Egopsoryl-TA [EO]

▪ ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

ANTIBIOTICS FOR TOPICAL USE

Other antibiotics for topical use

▪ MUPIROCIN

Restricted benefit

Secondarily infected traumatic skin lesions

mupirocin 2% cream, 15 g

4348W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.90	6.50	Bactroban [GK]

mupirocin 2% ointment, 15 g

4350Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	20.90	6.50	[a] APO-Mupirocin [TX]	[a] Bactroban [GK]

CHEMOTHERAPEUTICS FOR TOPICAL USE

Other chemotherapeutics

RPBS

▪ INGENOL MEBUTATE

Authority required

Solar keratosis

Clinical criteria:

- Patient must require topical drug therapy on the face and scalp as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

ingenol mebutate 0.015% gel, 3 x 470 mg

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2464Q	1	..	..	139.29	6.50	Picato [LO]

▪ INGENOL MEBUTATE

Authority required

Solar (actinic) keratosis

Clinical criteria:

- Patient must require topical drug therapy as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

ingenol mebutate 0.05% gel, 2 x 470 mg

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2468X	1	..	..	139.29	6.50	Picato [LO]

▪ CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

CORTICOSTEROIDS, PLAIN

Corticosteroids, weak (group I)

▪ HYDROCORTISONE ACETATE

hydrocortisone acetate 1% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11710H	‡1	1	..	16.65	6.50	Pharmacy Action Hydrocortisone Cream 1% [GQ]

▪ HYDROCORTISONE ACETATE

Restricted benefit

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10831C	‡1	1	..	16.65	6.50	Cortic-DS 1% [QA]

Corticosteroids, potent (group III)

▪ BETAMETHASONE VALERATE

betamethasone (as valerate) 0.1% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4131K	‡1	2	..	25.40	6.50	Betnovate [QA]

betamethasone (as valerate) 0.1% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4132L	‡1	2	..	25.40	6.50	Betnovate [QA]

▪ MOMETASONE

Note Application to large areas of skin for longer than four weeks is not recommended.

mometasone furoate 0.1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4342M	‡1	..	..	35.01	6.50	Elocon [MK]

mometasone furoate 0.1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4343N	‡1	..	..	35.01	6.50	[a] Elocon [MK]	[a] Momasone [QA]

▪ ANTISEPTICS AND DISINFECTANTS

ANTISEPTICS AND DISINFECTANTS

Iodine products

▪ POVIDONE-IODINE

povidone-iodine 10% solution, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4411E	‡1	..	..	25.12	6.50	Betadine Antiseptic Liquid [SW]

▪ OTHER DERMATOLOGICAL PREPARATIONS

OTHER DERMATOLOGICAL PREPARATIONS

Medicated shampoos

▪ SALICYLIC ACID + BENZALKONIUM CHLORIDE + ALCOHOL + COAL TAR SOLUTION + POLYOXYETHYLENE ETHERS

SALICYLIC ACID with COAL TAR SOLUTION Scalp cleanser 20 mg-50 mg per mL (2%-5%), 200 mL, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4560B	‡1	2	..	23.62	6.50	Ionil-T [GA]

▪ SELENIUM SULFIDE

selenium sulfide 2.5% shampoo, 125 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4452H	‡1	..	..	18.19	6.50	Selsun [DQ]

▪ TAR + COAL TAR SOLUTION + SALICYLIC ACID

tar 1% + coal tar solution 1% + salicylic acid 2% solution, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4447C	‡1	2	..	22.28	6.50	Sebitar [EO]

Wart and anti-corn preparations

▪ SALICYLIC ACID + LACTIC ACID

salicylic acid 16.7% + lactic acid 16.7% application, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4386W	‡1	..	..	21.68	6.50	Duofilm Solution [GK]

Other dermatologicals

▪ DICLOFENAC

Note Maximum quantity of four tubes (original + 3 repeats) in 12 months.

Authority required

Solar (actinic) keratosis

Treatment Phase: Management

Clinical criteria:

- Patient must require topical drug therapy as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

diclofenac sodium 3% gel, 25 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4046Y	‡1	3	..	58.54	6.50	Solaraze 3% Gel [FK]

▪ GLYCEROL

glycerol 15% solution, 1 kg

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11708F	‡1	1	..	30.19	6.50	QV Gentle Wash [EO]

▪ ICHTHAMMOL

Note For patients who have failed to respond to simple moisturising agents.

ichthammol 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4281H	‡1	2	..	21.64	6.50	Egoderm Cream [EO]

▪ ICHTHAMMOL + ZINC OXIDE

Note For patients who have failed to respond to simple moisturising agents.

ichthammol 1% + zinc oxide 15% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4280G	‡1	2	..	21.64	6.50	Egoderm Ointment [EO]

▪ IMIQUIMOD

Authority required

Superficial basal cell carcinoma

Treatment Phase: Primary treatment

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The condition must be one where other standard treatments are inappropriate, **AND**
- The condition must require topical drug therapy.

imiquimod 5% cream, 12 x 250 mg sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4559Y	1	1	..	87.01	6.50	[a] Aldiq [QA]	[a] APO-Imiquimod [TX]
			..	89.29	6.50	[a] Aldara [IL]	

▪ IMIQUIMOD

Note Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.

Authority required

Solar keratosis

Clinical criteria:

- Patient must require topical drug therapy on the face and scalp as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

imiquimod 5% cream, 2 x 2 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10106X	1	1	..	91.56	6.50	[a] Aldara Pump [IL]

imiquimod 5% cream, 12 x 250 mg sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4134N	1	1	..	87.01	6.50	[a] Aldiq [QA]	[a] APO-Imiquimod [TX]
			..	89.29	6.50	[a] Aldara [IL]	

▪ LIGHT LIQUID PARAFFIN + COCOAMPHODIACETATE DISODIUM

light liquid paraffin 3.5% + cocoamphodiacetate disodium 3% lotion, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4549K	‡1	2	..	23.93	6.50	Hamilton Skin Therapy Wash [KY]

▪ PANTHENOL

Note To be used in conjunction with the scalp cleanser salicylic acid with coal tar solution and pine tar (code 4447C).

panthenol conditioner, 200 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4510J	‡1	2	..	18.29	6.50	SebiRinse [EO]

▪ ZINC OXIDE + MAIZE STARCH + PURIFIED TALC + CHLORPHENESIN

zinc oxide 25% + maize starch 55.85% + purified talc 18.07% + chlorphenesin 1% powder, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4497Q	‡1	1	..	16.55	6.50	Z.S.C. [RW]

▪ GENITO URINARY SYSTEM AND SEX HORMONES

▪ GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS

ANTIINFECTIVES AND ANTISEPTICS, EXCL. COMBINATIONS WITH CORTICOSTEROIDS

Antibiotics

▪ NYSTATIN

nystatin 20 000 units/g vaginal cream, 75 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4013F	‡1	1	..	17.89	6.50	Nilstat [QA]

Imidazole derivatives

▪ CLOTRIMAZOLE

clotrimazole 2% vaginal cream, 20 g

4017K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	19.01	6.50	APO-Clotrimazole 3 Day Cream [TX]	Clonea 3 Day Cream [AF]

clotrimazole 1% vaginal cream, 35 g

4016J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	17.80	6.50	[a] Clonea 6 Day Cream [AF]	[a] Pharmacy Action FemCream [GQ]
		..	19.01	6.50	[a] APO-Clotrimazole 6 Day Cream [TX]	

▪ OTHER GYNECOLOGICALS

OTHER GYNECOLOGICALS

▪ ACETIC ACID + HYDROXYQUINOLINE + RICINOLEIC ACID

acetic acid 0.94% + oxyquinoline sulfate 0.025% + ricinoleic acid 0.75% vaginal gel, 100 g

4434J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	34.51	6.50	Aci-Jel [CU]

▪ UROLOGICALS

UROLOGICALS

Drugs used in erectile dysfunction

▪ ALPROSTADIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

alprostadil 10 microgram injection [2] (&) inert substance diluent [2 x 0.6 mL syringes], 1 pack

4579B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*106.03	6.50	Caverject Impulse [PF]

alprostadil 20 microgram injection [2] (&) inert substance diluent [2 x 0.6 mL syringes], 1 pack

4580C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*133.27	6.50	Caverject Impulse [PF]

▪ SILDENAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

sildenafil 100 mg tablet, 4

4586J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	72.00	6.50	[a] APO-Sildenafil [TX] [a] Sildenafil Actavis [EA] [a] Terry White Chemists Sildenafil [TW] [a] Vedafil [AF]	[a] Chem mart Sildenafil [CH] [a] Sildenafil generichealth [GQ] [a] Vasafil 100 [RW]
		..	83.53	6.50	[a] Viagra [PF]	

RPBS

sildenafil 25 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4584G	1	5	..	55.43	6.50	[a] Sildenafil Actavis [EA]	[a] Vasafil 25 [RW]
						[a] Vedafil [AF]	
			..	55.44	6.50	[a] APO-Sildenafil [TX]	
			..	63.81	6.50	[a] Viagra [PF]	

sildenafil 50 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4585H	1	5	..	67.43	6.50	[a] APO-Sildenafil [TX]	[a] Sildenafil Actavis [EA]
						[a] Vasafil 50 [RW]	[a] Vedafil [AF]
			..	78.09	6.50	[a] Viagra [PF]	

▪ TADALAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

tadalafil 10 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4596X	1	5	..	104.24	6.50	Cialis [LY]

tadalafil 20 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4597Y	1	5	..	104.24	6.50	Cialis [LY]

▪ VARDENAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

vardenafil 10 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4290T	1	5	..	71.82	6.50	Levitra [BN]

vardenafil 20 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4302K	1	5	..	81.57	6.50	Levitra [BN]

Other urologicals

▪ BICARBONATE + CITRIC ACID + TARTARIC ACID

Restricted benefit

Urinary symptoms

Clinical criteria:

- The treatment must be for when antibiotic or other therapy alone is inappropriate.

sodium bicarbonate 1.76 g + sodium citrate 630 mg + citric acid 720 mg + tartaric acid 890 mg powder for oral liquid, 28 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4049D	‡1	4	..	17.68	6.50	Uracol [EA]	Ural Sachets [QA]

DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

Alpha-adrenoreceptor antagonists

▪ ALFUZOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must be one in whom surgery is inappropriate; OR
- Patient must have failed to respond to other drug treatment or other drug treatment must be contraindicated.

alfuzosin hydrochloride 10 mg modified release tablet, 30

4277D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	63.24	6.50	Xatral SR [SW]

▪ DUTASTERIDE + TAMSULOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must be one in whom surgery is inappropriate; OR
- Patient must have failed to respond to other drug treatment or other drug treatment must be contraindicated.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

10102Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	32.36	6.50	Duodart 500ug/400ug [GK]

▪ TAMSULOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must be one in whom surgery is inappropriate; OR
- Patient must have failed to respond to other drug treatment or other drug treatment must be contraindicated.

tamsulosin hydrochloride 400 microgram modified release tablet, 30

4070F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	63.24	6.50	Flomaxtra [LS]	Tamsulosin Sandoz SR [SZ]

Testosterone-5-alpha reductase inhibitors

▪ DUTASTERIDE

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must be one in whom surgery is inappropriate; OR
- Patient must have failed to respond to other drug treatment or other drug treatment must be contraindicated.

dutasteride 500 microgram capsule, 30

10095H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	28.15	6.50	[a] APO-Dutasteride [TX]
		..	35.15	6.50	[a] Avodart [GK]

▪ FINASTERIDE

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must be one in whom surgery is inappropriate; OR
- Patient must have failed to respond to other drug treatment or other drug treatment must be contraindicated.

finasteride 5 mg tablet, 28

4303L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	88.61	6.50	[a] Finpro [RZ]	[a] Pharmacy Choice Finasteride [RI]

finasteride 5 mg tablet, 30

4233T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	76.27	6.50	[a] Auro-Finasteride [DO]	[a] Finasteride AN [EA]
					[a] Finasteride GH 5 [GQ]	[a] Finide [AL]
		..	94.12	6.50	[a] Finnacar [RW]	
		..	98.47	6.50	[a] APO-Finasteride [TX]	[a] Finasta [SZ]
					[a] Finasteride-GA 5 [GN]	[a] Pharmacor Finasteride 5 [CR]
					[a] Proscar [MK]	

RPBS

ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

Macrolides

AZITHROMYCIN

Restricted benefit

Upper and lower respiratory tract infections

azithromycin 500 mg tablet, 3

4115N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	33.30	6.50	Zedd 500 [RW]	
					[a] APO-Azithromycin [TX]	[a] Azithromycin-GA [EA]
					[a] Azithromycin Mylan [AF]	[a] Azithromycin Sandoz [SZ]
					[a] Chem mart Azithromycin [CH]	[a] Terry White Chemists Azithromycin [TW]
					[a] ZITHRO [RF]	[a] Zithromax [PF]
					[a] Zitrocin [GN]	

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

Pyrimidine analogues

FLUOROURACIL

fluorouracil 5% cream, 20 g

4222F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	65.67	6.50	[a] APOC-5FU [TX]	[a] Efudix [IL]

IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS

Tumor necrosis factor alpha (TNF-) inhibitors

INFLIXIMAB

Note Any queries concerning the arrangements to prescribe infliximab may be directed to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.
Written applications for authority to prescribe infliximab should be forwarded to:
Reply Paid 9998
Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC)
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

Authority required

Initial treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Initial treatment may be prescribed by rheumatologists or consultant physicians for the reduction of signs and symptoms and prevention of structural joint damage in adult patients with active rheumatoid arthritis who satisfy all of the following criteria:

(1) (a) Proven raised erythrocyte sedimentation rate (ESR) and/or C-reactive protein (CRP); and

(1) (b) Proven erosive rheumatoid arthritis without end-stage disease;

(2) Failure of an adequate trial of methotrexate and 2 other disease modifying anti-rheumatic drugs (such as sulfasalazine, hydroxychloroquine, leflunomide or cyclosporin) — unless these drugs were contraindicated or intolerance had developed;

(3) No history of active tuberculosis requiring treatment in the last 3 years;

(4) No history of opportunistic infection in the last 2 months;

(5) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form)

Authority required

Continuing treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Continuing treatment may be prescribed by rheumatologists or consultant physicians, following initial therapy of 3 doses, in patients who satisfy the following criteria:

(1) There is improvement in ESR and/or CRP; and

(2) An ACR20 (American College of Rheumatology) response is achieved by 14 weeks after the commencement of therapy.
Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form)

infliximab 100 mg injection, 1 vial

4284L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	504.41	6.50	Remicade [JC]

MUSCULO-SKELETAL SYSTEM

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

Preparations with salicylic acid derivatives

METHYL SALICYLATE

methyl salicylate 25% liniment, 100 mL

4026X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	14.54	6.50	Gold Cross [BI]

methyl salicylate 50% ointment, 100 g

4023R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	16.48	6.50	Gold Cross [BI]

METHYL SALICYLATE + EUCALYPTUS OIL + MENTHOL

methyl salicylate 25% + eucalyptus oil 10% + menthol 4% cream, 100 g

4022Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	18.09	6.50	Gold Cross [BI]

METHYL SALICYLATE + MENTHOL + CAMPHOR + EUCALYPTUS OIL + PINE OIL PUMILIO + TURPENTINE OIL + PEPPERMINT OIL + CAJUPUT OIL + CAPSICUM ANNUUM

methyl salicylate 20% + menthol 5% + camphor 3.5% + eucalyptus oil 3% + pine oil pumilio 1% + turpentine oil 1% + peppermint oil 0.5% + cajuput oil 0.5% + capsicum annuum 0.15% cream, 100 g

11707E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	18.09	6.50	Goanna Heat Cream [GQ]

DRUGS FOR TREATMENT OF BONE DISEASES

DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

Bisphosphonates

RISEDRONATE

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

risedronate sodium 35 mg enteric tablet, 4

2191H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	35.49	6.50	Actonel EC [TT]

risedronate sodium 5 mg tablet, 28

4443W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	35.49	6.50	Actonel [TT]

risedronate sodium 35 mg tablet, 4

4444X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.49	6.50	[a] Acris Once-a-Week [AF]	[a] APO-Risedronate [TX]
					[a] Risedronate AN [EA]	[a] Risedronate-GA [GN]
					[a] Risedronate Sandoz [SZ]	[a] Risedro once a week [RW]

Bisphosphonates, combinations

RPBS

▪ ALENDRONATE + COLECALCIFEROL

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

2224C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.33	6.50	[a] Alendronate plus D3-DRLA [RZ]	[a] APO-Alendronate Plus D3 70 mg/140 mcg [TX]
					[a] FonatPlus [AF]	
		..	22.33	6.50	[a] Fosamax Plus 70 mg/140 mcg [MK]	

alendronate 70 mg + colecalciferol 70 microgram tablet, 4

2194L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.33	6.50	[a] Alendronate plus D3-DRLA [RZ]	[a] APO-Alendronate Plus D3 70 mg/70 mcg [TX]
					[a] FonatPlus [AF]	
		..	22.33	6.50	[a] Fosamax Plus [MK]	

▪ ALENDRONATE + COLECALCIFEROL (&) CALCIUM CARBONATE

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

alendronate 70 mg + colecalciferol 140 microgram tablet [4] (&) calcium (as carbonate) 500 mg tablet [48], 1 pack

2273P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	25.10	6.50	Fosamax Plus D-Cal [MK]

▪ RISEDRONATE (&) CALCIUM CARBONATE

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

risedronate sodium 35 mg tablet [4] (&) calcium (as carbonate) 500 mg tablet [24], 28

4059P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	35.49	6.50	Acris Combi [AF]

▪ NERVOUS SYSTEM

▪ ANALGESICS

OPIOIDS

Natural opium alkaloids

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 200 mg modified release tablet, 28

4349X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	117.07	6.50	MS Contin [MF]

Opioids in combination with non-opioid analgesics

▪ ASPIRIN + CODEINE

aspirin 300 mg + codeine phosphate hemihydrate 8 mg dispersible tablet, 40

4286N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	18.23	6.50	Aspalgin 40 [QA]

▪ PARACETAMOL + CODEINE

paracetamol 500 mg + codeine phosphate hemihydrate 8 mg tablet, 40

4275B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	15.19	6.50	Panamax Co. 40 [SW]

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

▪ PARACETAMOL

paracetamol 240 mg/5 mL oral liquid, 200 mL

10599W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	15.18	6.50	Panamax 240 Elixir [SW]

paracetamol 500 mg tablet, 100

10582Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	13.13	6.50	[a] APO-Paracetamol [TX] [a] Panamax [SW] [a] Paracetamol (Sandoz) [SZ] [a] Parapane [AF]	[a] Febridol [EA] [a] Paracetamol Generic Health [GQ] [a] Paralgin [OW]

▪ PARACETAMOL

Restricted benefit

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

paracetamol 665 mg modified release tablet, 96

10598T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*18.95	6.50	[a] Osteomol 665 Paracetamol [CR]	[a] Pharmacy Action Paracetamol Osteo 665 [GQ]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

paracetamol 500 mg tablet, 100

10585D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	4	..	*16.42	6.50	[a] APO-Paracetamol [TX] [a] Panamax [SW] [a] Paracetamol (Sandoz) [SZ] [a] Parapane [AF]	[a] Febridol [EA] [a] Paracetamol Generic Health [GQ] [a] Paralgin [OW]

Other analgesics and antipyretics

▪ GABAPENTIN

Authority required

Refractory neuropathic pain

Clinical criteria:

- The condition must be unable to be controlled by other drugs.

gabapentin 600 mg tablet, 100

4594T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	40.70	6.50	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] GenRx Gabapentin [GX]	[a] Gabapentin AN [EA] [a] Gabapentin Aspen 600 [RW] [a] Neurontin [PF]

gabapentin 800 mg tablet, 100

4595W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	50.45	6.50	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] Gantin [ED] [a] Neurontin [PF]	[a] Gabapentin AN [EA] [a] Gabapentin Aspen 800 [RW] [a] GenRx Gabapentin [GX]

gabapentin 100 mg capsule, 100

4591P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	15.52	6.50	[a] APO-Gabapentin [TX] [a] Gabapentin Aspen 100 [RW] [a] Nupentin 100 [AF]	[a] Gabapentin APOTEX [TY] [a] Neurontin [PF]

gabapentin 300 mg capsule, 100

4592Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	24.98	6.50	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] Gabapentin GH [GQ] [a] GenRx Gabapentin [GX] [a] Nupentin 300 [AF]	[a] Gabapentin 300 [CR] [a] Gabapentin Aspen 300 [RW] [a] Gantin [EA] [a] Neurontin [PF]

gabapentin 400 mg capsule, 100

4593R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	29.89	6.50	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] Gabapentin GH [GQ] [a] GenRx Gabapentin [GX] [a] Nupentin 400 [AF]	[a] Gabapentin 400 [CR] [a] Gabapentin Aspen 400 [RW] [a] Gantin [EA] [a] Neurontin [PF]

▪ PSYCHOLEPTICS

ANXIOLYTICS

Benzodiazepine derivatives

▪ BROMAZEPAM

Note This drug should not be used as the first line of treatment.

Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.

Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

Authority required

Terminal disease

Clinical criteria:

- The treatment must be for the short-term, **AND**
- Patient must be receiving palliative care.

Authority required

Refractory phobic or anxiety states

Clinical criteria:

- The treatment must be for the short-term.

bromazepam 3 mg tablet, 30

4150K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*31.55	6.50	Lexotan [RO]

bromazepam 6 mg tablet, 30

4151L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*37.29	6.50	Lexotan [RO]

Azaspirodecanedione derivatives

▪ BUSPIRONE

Authority required

Anxiety

Clinical criteria:

- The treatment must be for the short-term.

buspirone hydrochloride 10 mg tablet, 50

4145E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	..	..	55.40	6.50	Buspar [QA]

buspirone hydrochloride 5 mg tablet, 50

4144D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	38.93	6.50	Buspar [QA]

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

▪ FLUNITRAZEPAM

Note This drug should not be used as the first line of treatment.

Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.

Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

Authority required

Terminal disease

Clinical criteria:

- The treatment must be for the short-term, **AND**
- Patient must be receiving palliative care.

Authority required

Refractory phobic or anxiety states

Clinical criteria:

- The treatment must be for the short-term.

flunitrazepam 1 mg tablet, 30

4216X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	19.59	6.50	Hypnodorm [AF]

Benzodiazepine related drugs

▪ ZOPICLONE

Restricted benefit

Insomnia

Clinical criteria:

- The treatment must be for the short-term.

zopiclone 7.5 mg tablet, 30

4522B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	24.82	6.50	[a] APO-Zopiclone [TX]	[a] Chem mart Zopiclone [CH]
					[a] Imoclone [RW]	[a] Imrest [AF]
					[a] Terry White Chemists Zopiclone [TW]	[a] Zopiclone GH [GQ]
		..	27.56	6.50	[a] Imovane [SW]	

▪ OTHER NERVOUS SYSTEM DRUGS

DRUGS USED IN ADDICTIVE DISORDERS

Drugs used in nicotine dependence

▪ NICOTINE

Note Studies have shown that successful therapy with this drug is enhanced by patient participation in a support and counselling program.

Authority required

Nicotine dependence

Clinical criteria:

- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must have entered a comprehensive support and counselling program.

nicotine 14 mg/24 hours patch, 7

4572P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*55.13	6.50	QuitX [AF]
		..	*68.15	6.50	Nicabate CQ 14 [GC]

nicotine 21 mg/24 hours patch, 7

4573Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*58.09	6.50	QuitX [AF]
		..	*68.15	6.50	Nicabate CQ 21 [GC]

nicotine 7 mg/24 hours patch, 7

4571N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*51.97	6.50	QuitX [AF]

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTHELMINTICS

ANTINEMATODAL AGENTS

Benzimidazole derivatives

MEBENDAZOLE

mebendazole 100 mg tablet, 6

4325P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	17.68	6.50	Pharmacy Action Worm Treatment [GQ]

RESPIRATORY SYSTEM

NASAL PREPARATIONS

DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

Sympathomimetics, plain

OXYMETAZOLINE

oxymetazoline hydrochloride 0.05% nasal spray, 20 mL

11711J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.47	6.50	Pharmacy Action Nasal Decongestant [GQ]

oxymetazoline hydrochloride 0.05% nasal spray, 15 mL

4378K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.81	6.50	Drixine [BN]

oxymetazoline hydrochloride 0.05% nasal spray, 18 mL

4379L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.47	6.50	Logicin Rapid Relief [QA]

Antiallergic agents, excl. corticosteroids

CROMOGLYCATE

sodium cromoglycate 2% nasal spray, 26 mL

4468E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	25.82	6.50	Rynacrom [SW]

Corticosteroids

BUDESONIDE

Restricted benefit

Severe intractable rhinitis

budesonide 64 microgram/actuation nasal spray, 120 actuations

4092J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	42.07	6.50	Budamax Aqueous [JT]

Other nasal preparations

IPRATROPIUM

Restricted benefit

Severe intractable rhinorrhoea

Clinical criteria:

- The condition must be associated with perennial rhinitis, **AND**
- The condition must be unresponsive to insufflated nasal steroids.

ipratropium bromide monohydrate 22 microgram/actuation nasal spray, 180 actuations

4089F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	26.87	6.50	Atrovent Nasal Aqueous [VZ]

ipratropium bromide monohydrate 44 microgram/actuation nasal spray, 180 actuations

4090G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	33.02	6.50	Atrovent Nasal Forte [VZ]

NASAL DECONGESTANTS FOR SYSTEMIC USE

Sympathomimetics

▪ PSEUDOEPHEDRINE

pseudoephedrine hydrochloride 60 mg tablet, 12

4029C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	14.83	6.50	[a] Pharmacy Action Sinus & Nasal Decongestant Relief [GQ]
		..	15.48	6.50	[a] Logicin Sinus [QA]

▪ COUGH AND COLD PREPARATIONS

EXPECTORANTS, EXCL. COMBINATIONS WITH COUGH SUPPRESSANTS

Expectorants

▪ AMMONIUM + SENEGA ROOT

ammonium bicarbonate 25 mg/mL + senega root 25 mg/mL oral liquid, 200 mL

4074K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	13.88	6.50	Gold Cross [BI]

COUGH SUPPRESSANTS, EXCL. COMBINATIONS WITH EXPECTORANTS

Opium alkaloids and derivatives

▪ PHOLCODINE

pholcodine 1 mg/mL oral liquid, 100 mL

4071G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	13.74	6.50	Gold Cross [BI]

▪ ANTIHISTAMINES FOR SYSTEMIC USE

ANTIHISTAMINES FOR SYSTEMIC USE

Piperazine derivatives

▪ CETIRIZINE

cetirizine hydrochloride 10 mg tablet, 30

4175R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	28.45	6.50	[a] Pharmacy Action Cetrelief [GQ]
		..	31.68	6.50	[a] Alzene [AF]
		..	34.48	6.50	Zilarex [SZ]

Other antihistamines for systemic use

▪ FEXOFENADINE

fexofenadine hydrochloride 120 mg tablet, 30

4238C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	28.27	6.50	[a] Pharmacy Action Fexorelief 120 [GQ]
		..	31.48	6.50	[a] Xergic [AF]
		..	47.69	6.50	[a] Telfast 120 [SW]

fexofenadine hydrochloride 60 mg tablet, 20

4237B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*55.54	6.50	Telfast [SW]

▪ LORATADINE

loratadine 10 mg tablet, 30

4313B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.88	6.50	[a] Pharmacy Action Lorastyne [GQ]
		..	34.58	6.50	[a] Allereze [AF]
		..	44.21	6.50	[a] Lorano [SZ]
		..	46.48	6.50	[a] Claratyne [BN]

▪ SENSORY ORGANS

▪ OTOLOGICALS

OTHER OTOLOGICALS

Indifferent preparations

▪ CARBAMIDE PEROXIDE

carbamide peroxide 6.5% ear drops, 12 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4176T	‡1	..	..	20.96	6.50	Ear Clear for Ear Wax Removal [KY]

▪ DOCUSATE

docusate sodium 0.5% ear drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4199B	‡1	..	..	18.48	6.50	Waxsol [GO]

▪ ORTHO-DICHLOROBENZENE + PARA-DICHLOROBENZENE + CHLOROBUTANOL + ARACHIS OIL

ortho-dichlorobenzene 14% + para-dichlorobenzene 2% + chlorobutanol hemihydrate 5% + arachis oil 57% ear drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4180B	‡1	..	..	18.14	6.50	Cerumol [UN]

▪ VARIOUS

▪ ALL OTHER THERAPEUTIC PRODUCTS

ALL OTHER THERAPEUTIC PRODUCTS

Drugs for treatment of hyperkalemia and hyperphosphatemia

▪ SODIUM POLYSTYRENE SULFONATE

sodium polystyrene sulfonate 999.3 mg/g powder, 454 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4470G	‡1	2	..	70.30	6.50	Resonium-A [SW]

▪ GENERAL NUTRIENTS

OTHER NUTRIENTS

Other combinations of nutrients

▪ PROTEIN FORMULA WITH ARGININE, VITAMIN C AND E

Restricted benefit

Stage 2 and above pressure injury

Clinical criteria:

- The treatment must be for special medical purposes to support healing of pressure injuries.

protein formula with arginine, vitamin C and E powder for oral liquid, 14 x 9.2 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10850C	4	5	..	*158.99	6.50	Arginaid [NT]

▪ PROTEIN FORMULA WITH ARGININE, VITAMIN C, E AND ZINC

Restricted benefit

Stage 2 and above pressure injury

Clinical criteria:

- The treatment must be for special medical purposes to support healing of pressure injuries.

protein formula with arginine, vitamin C, E and zinc oral liquid, 24 x 200 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11401C	2	5	..	*201.21	6.50	Cubitan [SB]

protein formula with arginine, vitamin C, E and zinc oral liquid, 27 x 237 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10841N	2	5	..	*263.57	6.50	Arginaid Extra [NT]

▪ ALL OTHER NON-THERAPEUTIC PRODUCTS

ALL OTHER NON-THERAPEUTIC PRODUCTS

▪ LUBRICATING AGENT

lubricating agent jelly, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4306P	1	..	..	14.71	6.50	Lubri-Gel [PP]

Other non-therapeutic auxiliary products

▪ BANDAGE ABSORBENT WOOL

bandage absorbent wool 10 cm x 3 m bandage, 1

4653X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.57	6.50	Surepress 650948 [CC]

▪ BANDAGE CALICO

bandage calico large triangular bandage, 1

4717G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	17.49	6.50	Handy 36361414 [BV]

▪ BANDAGE COMPRESSION

bandage compression 10 cm x 3.5 m soft bandage [1] (&) bandage compression 10 cm x 6 m short stretch bandage [1], 1 pack

11714M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	38.07	6.50	Rosidal TCS 26484 [LC]

▪ BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

bandage compression 8 cm x 2.6 m short stretch bandage, 1

4654Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*77.29	6.50	Comprilan 01027-00 [BV]

bandage compression 10 cm x 3 m high stretch bandage, 1

4748X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*71.94	6.50	Surepress 650947 [CC]
		..	*150.24	6.50	Tensopress 71723-00 [BV]

▪ BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

bandage compression four layer bandage, 1

4598B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*176.54	6.50	Profore Lite 66050415 [SN]

bandage compression four layer bandage, 1

4658E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*263.84	6.50	Profore 66050016 [SN]

▪ BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage compression 10 cm x 3.5 m high stretch bandage, 1

4657D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*77.09	6.50	Setopress 3505 [MH]

▪ BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note Bandage can be left in situ for up to 7 days as per manufacturer's instructions.

Restricted benefit

Venous ulcer

Treatment Phase: Initial treatment

Restricted benefit

Venous ulcer

Treatment Phase: Continuing treatment

bandage compression two layer bandage, 1

4050E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	..	..	43.24	6.50	Coban 2 [MM]

▪ BANDAGE RETENTION COHESIVE HEAVY

bandage retention cohesive heavy 10 cm x 1.3 m bandage, 1

4813H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*24.23	6.50	Peg 7423 [MM]

bandage retention cohesive heavy 10 cm x 2 m bandage, 1

4660G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*22.75	6.50	Coban 1584 [MM]

bandage retention cohesive heavy 15 cm x 1.3 m bandage, 1

4814J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*30.41	6.50	Peg 7425 [MM]

bandage retention cohesive heavy 5 cm x 1.3 m bandage, 1

4811F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*18.09	6.50	Peg 7420 [MM]

bandage retention cohesive heavy 7.5 cm x 1.3 m bandage, 1

4812G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*20.95	6.50	Peg 7422 [MM]

▪ BANDAGE RETENTION COHESIVE LIGHT

bandage retention cohesive light 10 cm x 2 m bandage, 1

4662J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*33.87	6.50	Handygauze Cohesive 8635 [BV]

bandage retention cohesive light 6 cm x 2 m bandage, 1

4719J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*20.01	6.50	Handygauze Cohesive 8633 [BV]

bandage retention cohesive light 2.5 cm x 2 m bandage, 2

4718H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	17.62	6.50	Handygauze Cohesive 8631 [BV]

▪ BANDAGE RETENTION COTTON CREPE

bandage retention cotton crepe 10 cm x 2.3 m bandage, 1

4729X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*27.97	6.50	Telfa 8254F [KE]
			..	*33.41	6.50	Tensocrepe 36301001 [BV]

bandage retention cotton crepe 5 cm x 2.3 m bandage, 1

4727T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*21.05	6.50	Telfa 8252F [KE]
			..	*23.71	6.50	Tensocrepe 36300501 [BV]

bandage retention cotton crepe 7.5 cm x 2.3 m bandage, 1

4728W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*25.23	6.50	Telfa 8253F [KE]
			..	*28.27	6.50	Tensocrepe 36307501 [BV]

▪ BANDAGE TUBULAR

bandage tubular size C (15 cm to 25 cm) straight bandage, 1

4663K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	19.28	6.50	Elastoplast 2225 [BE]

bandage tubular size D (25 cm to 43 cm) straight bandage, 1

4664L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	19.28	6.50	Elastoplast 2226 [BE]

bandage tubular size E (35 cm to 45 cm) straight bandage, 1

4665M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.28	6.50	Elastoplast 2227 [BE]

▪ BANDAGE TUBULAR

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bandage tubular 10 cm x 1 m bandage, 1

4859R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.92	6.50	Tubigrip F 1548 [MH]

bandage tubular 6.25 cm x 1 m bandage, 1

4855M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.92	6.50	Tubigrip B 1520 [MH]

bandage tubular 6.75 cm x 1 m bandage, 1

4856N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.92	6.50	Tubigrip C 1545 [MH]

bandage tubular 7.5 cm x 1 m bandage, 1

4857P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.92	6.50	Tubigrip D 1546 [MH]

bandage tubular 8.75 cm x 1 m bandage, 1

4858Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.92	6.50	Tubigrip E 1547 [MH]

▪ BANDAGE TUBULAR FINGER

BANDAGE-TUBULAR (FINGER) Complete pack including applicator, 1

4798M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.35	6.50	Tubegauz 0501633 [SS]

▪ BANDAGE TUBULAR LIGHT WEIGHT

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bandage tubular light weight 10 m large limb size bandage, 1

4673Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	30.36	6.50	Tubifast 2438 [MH]

bandage tubular light weight 10 m medium limb size bandage, 1

4672X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	29.13	6.50	Tubifast 2436 [MH]

bandage tubular light weight 10 m small limb size bandage, 1

4671W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	25.69	6.50	Tubifast 2434 [MH]

▪ BANDAGE TUBULAR LONG STOCKING

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bandage tubular long stocking large size bandage, 1

4799N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*38.19	6.50	Tubigrip 1484 [MH]

bandage tubular long stocking medium size bandage, 1

4797L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*38.19	6.50	Tubigrip 1483 [MH]

bandage tubular long stocking small size bandage, 1

4674B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*38.19	6.50	Tubigrip 1482 [MH]

bandage tubular long stocking XX/large size bandage, 1

4675C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*38.21	6.50	Tubigrip 1486 [MH]

▪ BANDAGE TUBULAR SHORT STOCKING

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage tubular short stocking large D/E size bandage, 1

4816L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*27.97	6.50	Tubigrip 1481 [MH]

bandage tubular short stocking medium C/D size bandage, 1

4815K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*27.97	6.50	Tubigrip 1480 [MH]

bandage tubular short stocking small B/C size bandage, 1

4661H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*27.97	6.50	Tubigrip 1479 [MH]

▪ BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

bandage zinc paste 10 cm x 9.1 m bandage, 1

4670T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*30.93	6.50	Flexidress 650941 [CC]

▪ BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage zinc paste 7.5 cm x 6 m bandage, 1

4669R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*31.69	6.50	Steripaste 3610 [MH]

▪ BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

bandage zinc paste 7.5 cm x 6 m bandage, 1

4750B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*89.57	6.50	Viscopaste 4948 [SN]

bandage zinc paste 80 cm (stockings) bandage, 4

4760M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	102.65	6.50	ZipZoc 66000747 [SN]

▪ BETAINE + POLYAMINOPROPYL BIGUANIDE

betaine 0.1% + polyaminopropyl biguanide 0.1% solution, 6 x 40 mL ampoules

2525X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	29.09	6.50	Prontosan Wound Irrigation Solution [BR]

▪ CADEXOMER-IODINE

Note Suitable for yellow sloughy infected and malodorous wounds.

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cadexomer-iodine 8 cm x 6 cm dressing, 3 x 10 g sheet

4936T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	171.76	6.50	Iodosorb 66051340 [SN]

cadexomer-iodine 3 g powder, 7 sachets

4931M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	80.30	6.50	Iodosorb Powder 66051070 [SN]

cadexomer-iodine 10 cm x 8 cm dressing, 2 x 17 g sheet

4937W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	180.77	6.50	Iodosorb 66051360 [SN]

cadexomer-iodine 6 cm x 4 cm dressing, 5 x 5 g sheet

4935R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	120.09	6.50	Iodosorb 66051330 [SN]

cadexomer-iodine 50% ointment, 4 x 10 g

4932N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	126.84	6.50	Iodosorb Ointment 66051240 [SN]

cadexomer-iodine 50% ointment, 2 x 20 g

4933P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	125.69	6.50	Iodosorb Ointment 66051230 [SN]

▪ DRESSING ACTIVATED CHARCOAL MALODOROUS WOUND

dressing activated charcoal malodorous wound 15 cm x 20 cm dressing, 5

4743P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	87.34	6.50	CarboFLEX 403204 [CC]

dressing activated charcoal malodorous wound 10.5 cm x 10.5 cm dressing, 1

4681J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	..	..	*97.39	6.50	Actisorb Plus MAP105 [KI]

dressing activated charcoal malodorous wound 10 cm x 10 cm dressing, 10

4742N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	77.44	6.50	CarboFLEX 403202 [CC]

▪ DRESSING ALGINATE CAVITY WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

dressing alginate cavity wound 2 g rope, 1

4832H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	..	..	*104.89	6.50	Sorbsan 1411 [UM]

dressing alginate cavity wound 2 g rope, 5 x 2 g

1905G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*110.43	6.50	Kaltostat 168117 [CC]

▪ DRESSING ALGINATE CAVITY WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing alginate cavity wound 2 g (40 cm) rope, 6 x 2 g

4682K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*130.85	6.50	Comfeel SeaSorb Filler 3740 [CT]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

dressing alginate superficial wound 7.5 cm x 12 cm dressing, 10

4683L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	88.44	6.50	Kaltostat 168212 [CC]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing alginate superficial wound 5 cm x 5 cm dressing, 10

4699H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	49.96	6.50	Kaltostat 168210 [CC]
		..	62.87	6.50	Algisite M 66000519 [SN]

dressing alginate superficial wound 10 cm x 10 cm dressing, 10

4700J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	117.98	6.50	Algisite M 66000520 [SN]

dressing alginate superficial wound 15 cm x 20 cm dressing, 10

4691X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	284.11	6.50	Algisite M 66000521 [SN]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing alginate superficial wound 5 cm x 5 cm dressing, 1

4684M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*47.49	6.50	Comfeel SeaSorb Dressing 3705 [CT]

dressing alginate superficial wound 10 cm x 10 cm dressing, 1

4831G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*82.39	6.50	Sorbsan 1410 [UM]
		..	*87.59	6.50	Comfeel SeaSorb Dressing 3710 [CT]

▪ DRESSING ALGINATE WITH MANUKA HONEY

Note Suitable for yellow sloughy infected and malodorous wounds.

dressing alginate with manuka honey 10 cm x 10 cm dressing, 5

10849B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	63.95	6.50	Algivon Plus CR4225 [DJ]

dressing alginate with manuka honey 2.5 cm x 20 cm ribbon, 5

10857K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	115.24	6.50	Algivon Plus Ribbon & Probe CR4231 [DJ]

▪ DRESSING FILM

dressing film 15 cm x 20 cm dressing, 1

4688R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*32.53	6.50	Tegaderm Transparent 1628 [MM]

dressing film 10 cm x 12 cm dressing, 4

4687Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	22.98	6.50	Nexcare Tegaderm Transparent H1626 [MM]

dressing film 6 cm x 7 cm dressing, 8

4686P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.50	6.50	Nexcare Tegaderm Transparent H1624 [MM]

▪ DRESSING FILM

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dressing film 10 cm x 12 cm dressing, 10

4893M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	39.87	6.50	Op-Site Flexigrid 4629 [SN]

▪ DRESSING FILM ISLAND

dressing film island 5 cm x 7 cm dressing, 1

4689T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*19.99	6.50	Tegaderm Transparent Island 3582 [MM]

dressing film island 9 cm x 10 cm dressing, 1

4690W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*29.99	6.50	Tegaderm Transparent Island 3586 [MM]

▪ DRESSING FILM ISLAND

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dressing film island 5 cm x 7.2 cm dressing, 5

4898T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*33.27	6.50	Cutifilm Plus 36361370 [SN]

dressing film island 8 cm x 10 cm dressing, 5

4899W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*49.99	6.50	Cutifilm Plus 36361371 [SN]

▪ DRESSING FOAM HEAVY EXUDATE

Note This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

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dressing foam heavy exudate 10 cm x 10 cm dressing, 10

4795J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	147.27	6.50	Allevyn 66007637 [SN]

▪ DRESSING FOAM MODERATE EXUDATE

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dressing foam moderate exudate cavity conforming foam, 20 g sachet

4694C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	99.31	6.50	Cavicare 4563 [SN]

▪ DRESSING FOAM MODERATE EXUDATE

Note This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

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dressing foam moderate exudate 12.5 cm x 12.5 cm dressing, 10

4590N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	146.70	6.50	Allevyn Adhesive 66000044 [SN]

▪ DRESSING FOAM WITH SILICONE

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dressing foam with silicone 10.5 cm x 10.5 cm dressing, 10

11384E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	62.83	6.50	Allevyn Life Non-Bordered 66801748 [SN]

dressing foam with silicone 16 cm x 16 cm dressing, 10

11393P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	107.38	6.50	Allevyn Life Non-Bordered 66801749 [SN]

dressing foam with silicone 10.3 cm x 10.3 cm dressing, 10

10017F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	62.83	6.50	Allevyn Life 66801067 [SN]

dressing foam with silicone 12.9 cm x 12.9 cm dressing, 10

10029W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	88.53	6.50	Allevyn Life 66801068 [SN]

dressing foam with silicone 15.4 cm x 15.4 cm dressing, 10

10023M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	121.29	6.50	Allevyn Life 66801069 [SN]

dressing foam with silicone 21 cm x 21 cm dressing, 10

10021K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	241.18	6.50	Allevyn Life 66801070 [SN]

▪ DRESSING FOAM WITH SILICONE AND SILVER

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Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing foam with silicone and silver 10 cm x 10 cm dressing, 5

2439J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	105.01	6.50	Mepilex Ag [MH]

dressing foam with silicone and silver 10 cm x 10 cm dressing, 5

2470B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	112.06	6.50	Mepilex Border Ag [MH]

▪ DRESSING FOAM WITH SILICONE HEAVY EXUDATE

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dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

4196W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	83.48	6.50	Allevyn Gentle 66800248 [SN]

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

4230P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	83.48	6.50	Allevyn Gentle Border 66800270 [SN]

dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 10

4207K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	59.48	6.50	Allevyn Gentle Border 66800269 [SN]

▪ DRESSING FOAM WITH SILICONE HEAVY EXUDATE

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dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 5

4643J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	43.24	6.50	Mepilex Border 295300 [MH]

dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 5

4642H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	32.65	6.50	Mepilex Border 295200 [MH]

▪ DRESSING FOAM WITH SILICONE LIGHT EXUDATE

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dressing foam with silicone light exudate 10 cm x 10 cm dressing, 5

4645L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	39.12	6.50	Mepilex Lite 284100 [MH]

dressing foam with silicone light exudate 6 cm x 8.5 cm dressing, 5

4644K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	30.30	6.50	Mepilex Lite 284000 [MH]

▪ DRESSING FOAM WITH SILICONE MODERATE EXUDATE

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

dressing foam with silicone moderate exudate 10 cm x 10 cm dressing, 5

4626L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	43.24	6.50	Mepilex 294100 [MH]

▪ DRESSING FOAM WITH SILVER

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing foam with silver 7.5 cm x 7.5 cm dressing, 10

4252T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	150.82	6.50	Allevyn Ag Adhesive 66800073 [SN]

dressing foam with silver 7.5 cm x 7.5 cm dressing, 10

4263J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	150.82	6.50	Allevyn Ag Gentle Border 66800460 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4255Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	223.11	6.50	Allevyn Ag Adhesive 66800075 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4259E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	227.44	6.50	Allevyn Ag Non-Adhesive 66800086 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4266M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	223.11	6.50	Allevyn Ag Gentle Border 66800461 [SN]

dressing foam with silver 12.5 cm x 12.5 cm dressing, 10

4258D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	277.61	6.50	Allevyn Ag Adhesive 66800078 [SN]

dressing foam with silver 12.5 cm x 12.5 cm dressing, 10

4270R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	277.61	6.50	Allevyn Ag Gentle Border 66800462 [SN]

▪ DRESSING GAUZE

dressing gauze eye pad, 12 pads

4768Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	17.05	6.50	Curity 4112 [KE]

▪ DRESSING GAUZE ABSORBENT

dressing gauze absorbent 10 cm x 10 cm pad, 100

4708T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	32.81	6.50	Handy 71117-06 [BV]

dressing gauze absorbent 5 cm x 5 cm pad, 100

4707R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	19.08	6.50	Handy 71117-05 [BV]

▪ DRESSING GAUZE PARAFFIN

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing gauze paraffin 10 cm x 10 cm dressing, 10

4759L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	26.44	6.50	Jelonet 7404 [SN]

▪ DRESSING GAUZE PARAFFIN WITH CHLORHEXIDINE ACETATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing gauze paraffin with chlorhexidine acetate 10 cm x 10 cm dressing, 10

4845B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	33.73	6.50	Bactigras 7457 [SN]

▪ DRESSING HYDROACTIVE DEBRIDEMENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydroactive debridement 4 cm dressing, 10

4949L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	82.81	6.50	TenderWet 24 Active 609210 [HR]

dressing hydroactive debridement 5.5 cm dressing, 10

4948K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	84.67	6.50	TenderWet Active Cavity 609272 [HR]

dressing hydroactive debridement 7.5 cm x 7.5 cm dressing, 10

4950M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	110.41	6.50	TenderWet 24 Active 609213 [HR]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 10 cm x 10 cm (foam alternative) dressing, 10

4692Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	55.46	6.50	CombiDERM 651031 [CC]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 15 cm x 18 cm (foam alternative) dressing, 5

4693B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	70.84	6.50	CombiDERM 651027 [CC]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 11 cm x 11 cm dressing: island, 10 dressings

4695D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	106.77	6.50	Tielle MTL101E [KI]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm dressing: island, 5 dressings

4696E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	129.13	6.50	Tielle MTL103 [KI]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 12 cm x 12 cm waterproof pad, 10

4929K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	93.78	6.50	Biatain Adhesive 3420 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm waterproof pad, 5

4930L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	90.93	6.50	Biatain Adhesive 3423 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 10 cm x 10 cm waterproof pad, 10

4927H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	85.58	6.50	Biatain Non-adhesive 3410 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 15 cm x 15 cm waterproof pad, 5

4928J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	84.23	6.50	Biatain Non-adhesive 3413 [CT]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND LIGHT EXUDATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing hydroactive superficial wound light exudate 5 cm x 6 cm dressing, 10

4905E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	71.07	6.50	Allevyn Thin 66047576 [SN]

dressing hydroactive superficial wound light exudate 10 cm x 10 cm dressing, 5

4906F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*126.63	6.50	Allevyn Thin 66047578 [SN]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND MODERATE EXUDATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing hydroactive superficial wound moderate exudate 10 cm x 10 cm dressing, 5

4886E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*96.01	6.50	Cutinova Hydro 66047443 [SN]

dressing hydroactive superficial wound moderate exudate 5 cm x 6 cm dressing, 10

4885D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	58.56	6.50	Cutinova Hydro 66047441 [SN]

▪ DRESSING HYDROCOLLOID CAVITY WOUND

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

dressing hydrocolloid cavity wound paste, 30 g

4896Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*137.59	6.50	DuoDERM Paste 187930 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4907G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	70.84	6.50	DuoDERM Extra Thin 187955 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4924E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	69.08	6.50	Comfeel Plus Transparent 3533 [CT]

dressing hydrocolloid superficial wound light exudate 5 cm x 7 cm dressing, 10

4888G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	42.28	6.50	Comfeel Plus Transparent 3530 [CT]

dressing hydrocolloid superficial wound light exudate 9 cm x 14 cm dressing, 10

4889H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	82.48	6.50	Comfeel Plus Transparent 3536 [CT]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4947J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	48.71	6.50	Hydrocoll Thin 900758 [HR]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 5

4897R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*79.65	6.50	DuoDERM CGF 187660 [CC]

dressing hydrocolloid superficial wound moderate exudate 20 cm x 20 cm dressing, 5

4920Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*210.01	6.50	DuoDERM CGF 187662 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 10

4921B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	97.00	6.50	Replicare Ultra 66000434 [SN]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 10

4945G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	48.71	6.50	Hydrocoll 900744 [HR]

dressing hydrocolloid superficial wound moderate exudate 15 cm x 15 cm dressing, 10

4946H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	87.38	6.50	Hydrocoll 900936 [HR]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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dressing hydrocolloid superficial wound moderate exudate 7cm (butterfly shape) dressing, 1

4678F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*55.74	6.50	Comfeel Plus Pressure Relieving 3350 [CT]

DRESSING-HYDROCOLLOID (SUPERFICIAL WOUND-MODERATE EXUDATE) Dressings with alginate 10 cm x 10 cm, 10, 1

4923D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	80.19	6.50	Comfeel Plus Ulcer Dressing 3110 [CT]

dressing hydrocolloid superficial wound moderate exudate 10cm (round) dressing, 1

4679G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*59.84	6.50	Comfeel Plus Pressure Relieving 3353 [CT]

▪ DRESSING HYDROFIBRE ALTERNATE TO ALGINATES

dressing hydrofibre alternate to alginates 12.5 cm x 12.5 cm dressing, 10

10832D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	117.12	6.50	Aquacel Foam Adhesive [CC]

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

10837J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	120.59	6.50	Aquacel Foam Non-Adhesive [CC]

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

2797F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	97.44	6.50	Aquacel Extra 420672 [CC]

dressing hydrofibre alternate to alginates 15 cm x 15 cm dressing, 5

2803M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*195.91	6.50	Aquacel Extra 420673 [CC]

dressing hydrofibre alternate to alginates 2 g (30 cm) rope, 5 x 2 g

4698G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	81.74	6.50	Aquacel 403770 [CC]

▪ DRESSING HYDROFIBRE GELLING FIBRE

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dressing hydrofibre gelling fibre 10 cm x 10 cm dressing, 10

2486W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	107.55	6.50	Durafiber 66800560 [SN]

dressing hydrofibre gelling fibre 15 cm x 15 cm dressing, 5

2445Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*219.85	6.50	Durafiber 66800561 [SN]

dressing hydrofibre gelling fibre 2 cm x 45 cm rope, 5

2462N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	92.69	6.50	Durafiber 66800563 [SN]

▪ DRESSING HYDROFIBRE WITH SILVER

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing hydrofibre with silver 10 cm x 10 cm dressing, 10

10097K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	251.14	6.50	Aquacel Ag 403708 [CC]

dressing hydrofibre with silver 15 cm x 15 cm dressing, 5

10098L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	268.78	6.50	Aquacel Ag 403710 [CC]

dressing hydrofibre with silver 2 cm x 45 cm rope, 5

10105W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	212.20	6.50	Aquacel Ag 403771 [CC]

▪ DRESSING HYDROGEL

dressing hydrogel 10 cm x 10 cm dressing, 5

11709G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	30.03	6.50	Suprasorb G 33631 [LC]

dressing hydrogel 7.5 cm x 15 cm dressing, 10

11395R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	78.30	6.50	Sorbact Gel Dressing S98137 [YB]

dressing hydrogel 10 cm x 10 cm dressing, 20

2471C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	121.53	6.50	Sorbact Absorption Dressing S98222 [YB]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

dressing hydrogel amorphous gel, 50 g

4914P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*34.69	6.50	Solugel 10336 [JJ]

dressing hydrogel amorphous gel, 3 x 30 g

4913N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	..	*93.91	6.50	DuoDERM Gel H7987 [CC]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

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dressing hydrogel amorphous gel, 10 x 15 g

4912M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	64.26	6.50	DuoDERM Gel 187990 [CC]
		..	71.18	6.50	Comfeel Purilon Gel 3900 [CT]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

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dressing hydrogel amorphous gel, 25 g

4894N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	3	..	*76.11	6.50	Intrasite Gel 7313 [SN]

dressing hydrogel amorphous gel, 50 g

4599C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*36.97	6.50	SoloSite Gel 36361338 [SN]

▪ DRESSING HYDROGEL FOAM

dressing hydrogel foam 10 cm x 10 cm dressing, 10

2533H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	86.15	6.50	Sorbact Foam Dressing S98310 [YB]

▪ DRESSING HYDROGEL RIBBON

dressing hydrogel ribbon 1 cm x 50 cm dressing, 20

2512F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	125.45	6.50	Sorbact Ribbon Gauze S98118 [YB]

dressing hydrogel ribbon 5 cm x 200 cm dressing, 10

2529D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	121.53	6.50	Sorbact Ribbon Gauze S98120 [YB]

▪ DRESSING HYDROGEL SHEET

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

dressing hydrogel sheet 9.5 cm x 10.2 cm dressing, 5

4911L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*81.29	6.50	Nu-Gel 2497 [KI]

▪ DRESSING HYDROGEL SHEET

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydrogel sheet 10 cm x 10 cm dressing, 5

4806Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*53.85	6.50	Hydrosorb 900854 [HR]

▪ DRESSING HYDROPHOBIC

dressing hydrophobic 15 cm x 15 cm foam dressing, 10

11404F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	133.30	6.50	Sorbact Foam Dressing S98315 [YB]

dressing hydrophobic 10 cm x 10 cm dressing, 10

11392N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	126.37	6.50	Sorbact Foam Gentle Border 98532 [YB]

dressing hydrophobic 10 cm x 10 cm dressing, 10

11402D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	62.28	6.50	Sorbact Superabsorbent 98501 [YB]

dressing hydrophobic 15 cm x 15 cm dressing, 10

11394Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	199.20	6.50	Sorbact Foam Gentle Border 98533 [YB]

dressing hydrophobic 20 cm x 20 cm dressing, 10

11403E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	150.56	6.50	Sorbact Superabsorbent 98503 [YB]

▪ DRESSING NON ADHERENT

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Dressings, non-woven, with silicone 5 cm x 7.5 cm, 10, 1

4243H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	63.48	6.50	Mepitel 290510 [MH]

DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Dressings, non-woven, with silicone 7.5 cm x 10 cm, 10, 1

4244J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	103.48	6.50	Mepitel 290710 [MH]

▪ DRESSING NON ADHERENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non adherent 7.5 cm x 10 cm dressing, 10

4944F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.15	6.50	Atrauman 499513 [HR]

▪ DRESSING NON ADHERENT

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dressing non adherent 10 cm x 10 cm dressing, 10

4861W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	39.88	6.50	Melolin 66974933 [SN]

dressing non adherent 10 cm x 10 cm dressing, 5

4862X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*29.51	6.50	Cutilin Non-Stick Wound Pad 36361375 [SN]

dressing non adherent 5 cm x 5 cm dressing, 5

4819P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*20.37	6.50	Cutilin Non-Stick Wound Pad 36361374 [SN]

dressing non adherent 5 cm x 5 cm dressing, 5

4860T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*21.73	6.50	Melolin 36361357 [SN]

▪ DRESSING NON-ADHERENT ABSORBENT

dressing non-adherent absorbent 12.5 cm x 12.5 cm hydroactive dressing, 10

11717Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	25.67	6.50	Vliwasorb Pro 32641 [LC]

dressing non-adherent absorbent 22 cm x 22 cm hydroactive dressing, 10

11715N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	36.53	6.50	Vliwasorb Pro 32643 [LC]

dressing non-adherent absorbent 22 cm x 32 cm hydroactive dressing, 10

11718R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	49.11	6.50	Vliwasorb Pro 32644 [LC]

▪ DRESSING TULLE NON GAUZE PARAFFIN

dressing tulle non gauze paraffin 7.6 cm x 7.6 cm dressing, 1

4909J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	1	..	*19.59	6.50	Adaptic 2012 [KI]

▪ DRESSING WITH SILVER

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing with silver 12.5 cm x 12.5 cm hydroactive dressing, 5

4647N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	179.54	6.50	Biatain Ag 9632 [CT]

dressing with silver 10 cm x 10 cm hydroactive dressing, 5

4646M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	165.53	6.50	Biatain Ag 9622 [CT]

▪ DRESSING WITH SILVER

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing with silver 10 cm x 10 cm tulle dressing, 3

4648P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	44.34	6.50	Atrauman Ag 499572 [HR]

▪ GAUZE AND COTTON TISSUE COMBINE ROLL

gauze and cotton tissue combine roll 10 cm x 10 m wrapped pack roll, 1

4761N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	20.86	6.50	JJ 12010 [JJ]

gauze and cotton tissue combine roll 9 cm x 10 m wrapped pack roll, 1

4767X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	16.17	6.50	BSN 2902165 [BV]

▪ PAD WOUND DEBRIDEMENT

Note If the wound has not healed during this period, further use is to be discontinued after initial pack, no repeats. Where wounds remain unresponsive to standard treatment, patient should be referred on to a specialist.

pad wound debridement 10 cm x 10 cm pad, 5

11383D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	91.85	6.50	Debrisoft [LC]

pad wound debridement pad, 5

11391M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	91.85	6.50	Debrisoft Lolly [LC]

▪ POVIDONE-IODINE

povidone-iodine 9.5 cm x 9.5 cm dressing, 25

10847X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	78.03	6.50	Inadine [KI]

▪ SODIUM CHLORIDE + HYPOCHLOROUS ACID + SODIUM HYPOCHLORITE

sodium chloride 0.022% + hypochlorous acid 0.004% + sodium hypochlorite 0.004% irrigation solution, 250 mL

11134B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	30.83	6.50	Microdacyn [TF]

▪ TAPE NON WOVEN RETENTION POLYACRYLATE

tape non woven retention polyacrylate 2.5 cm x 9.1 m tape, 1 roll

4915Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	17.09	6.50	Medipore 2961 [MM]

▪ TAPE NON WOVEN RETENTION POLYACRYLATE

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

tape non woven retention polyacrylate 2.5 cm x 10 m tape, 1 roll

4917T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	15.50	6.50	Mefix 310250 [MH]

▪ TAPE PLASTER ADHESIVE ELASTIC

tape plaster adhesive elastic 2.5 cm x 2.5 m tape, 1 roll

4780N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	18.01	6.50	Leukoplast 01071-00 [BV]

tape plaster adhesive elastic 5 cm x 2.5 m tape, 1 roll

4781P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	23.95	6.50	Leukoplast 01072-00 [BV]

tape plaster adhesive elastic 7.5 cm x 2.5 m tape, 1 roll

4782Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	27.63	6.50	Leukoplast 01073-00 [BV]

▪ TAPE PLASTER ADHESIVE HYPOALLERGENIC

tape plaster adhesive hypoallergenic 1.25 cm x 5 m tape, 1 roll

4783R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	15.42	6.50	Leukopor 2471 [BV]

tape plaster adhesive hypoallergenic 1.25 cm x 5 m tape, 1 roll

4785W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	15.71	6.50	Leukosilk 1021 [BV]

tape plaster adhesive hypoallergenic 2.5 cm x 5 m tape, 1 roll

4787Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	18.36	6.50	Leukosilk 1022 [BV]

tape plaster adhesive hypoallergenic 2.5 cm x 5 m tape, 1 roll

4794H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	17.83	6.50	Leukopor 2472 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4788B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	20.86	6.50	Leukoflex 1124 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4789C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	22.18	6.50	Leukosilk 1024 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4790D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	21.35	6.50	Leukopor 2474 [BV]

tape plaster adhesive hypoallergenic 1.9 cm x 5.4 m dispenser tape, 1 roll

4848E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	15.51	6.50	Nexcare Durable Cloth First Aid Tape 799 [MM]

tape plaster adhesive hypoallergenic 1.9 cm x 7.3 m dispenser tape, 1 roll

4849F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	15.51	6.50	Nexcare Gentle Paper First Aid Tape 789 [MM]

▪ TAPE PLASTER ADHESIVE WITH SILICONE

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tape plaster adhesive with silicone 2 cm x 3 m tape, 1 roll

4239D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	24.48	6.50	Mepitac 298300 [MH]

tape plaster adhesive with silicone 4 cm x 1.5 m tape, 1 roll

4240E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	24.48	6.50	Mepitac 298400 [MH]

Extemporaneously Prepared Benefits

Drug Tariff

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Acacia Mucilage (by weight)	APF 15	0.01	0.11	0.88	7.84
Acacia, powdered	BP	0.03	0.20	1.58	14.01
Acetic Acid (33 per cent)	BP	0.01	0.06	0.47	4.15
Acetic Acid (6 per cent)	BP	0.01	0.02	0.16	1.42
Acetic Acid Glacial BP	BP	0.02	0.14	1.09	9.71
Acetone (use as additive only)	BP	0.03	0.22	1.74	15.51
Alum	BP	0.01	0.07	0.59	5.27
Aluminium Acetate Solution	BP	0.02	0.17	1.38	12.27
Anise Oil BP	BP	0.18	1.44	11.52	102.44
Anise Water Concentrated 1 in 40	BP	0.01	0.08	0.60	5.31
Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.04	0.28	2.49
Ascorbic Acid (for use only as an ingredient of ferrous sulfate mixtures)	BP	0.41	3.28	26.21	233.00
Aspirin	BP	0.15	1.22	9.74	86.54
Belladonna Tincture	BP	0.11	0.89	7.10	63.08
Benzocaine	BP	0.15	1.16	9.30	82.69
Benzoic Acid	BP	0.06	0.49	3.90	34.68
Benzoic Acid Compound Ointment	APF	0.02	0.17	1.39	12.36
Benzoic Acid Solution	BP	0.02	0.14	1.13	10.00
Benzoin Compound Tincture	BP	0.07	0.52	4.18	37.13
Boric Acid (use as additive only)	BP	0.02	0.17	1.38	12.25
Boric Acid, Olive Oil and Zinc Oxide Ointment	QHF	0.02	0.14	1.15	10.23
Calcium Hydroxide	BP	0.12	0.94	7.53	66.97
Calcium Hydroxide Solution	BP	0.01	0.03	0.20	1.75
Castor Oil (use as additive only)	BP	0.02	0.18	1.41	12.58
Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.04	0.29	2.54
Cetrimide Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.02	0.17	1.37	12.21
Chlorhexidine Acetate (use as additive only)	BP	0.63	5.03	40.21	357.42
Chlorhexidine Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.03	0.24	1.95	17.36
Chloroform (use as additive only)	BP	0.10	0.80	6.36	56.49
Chloroform Spirit	BP	0.01	0.09	0.74	6.61
Chloroform Water Concentrated 1 in 40	APF 15	0.02	0.12	0.93	8.26
Citric Acid Monohydrate	BP	0.04	0.29	2.28	20.27
Coal Tar	BP	0.31	2.51	20.08	178.50
Coal Tar Solution	BP	0.02	0.19	1.50	13.37
Cocaine Hydrochloride	BP	6.27	50.15	401.17	3565.98
Coconut Oil	BP	0.01	0.06	0.48	4.24
Codeine Linctus	APF	0.02	0.13	1.04	9.29
Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children)	BP	2.22	17.72	141.77	1260.16
Collodion Flexible	BP	0.19	1.55	12.37	109.94
Dithranol	BP	4.55	36.40	291.17	2588.20
Emulsifying Ointment (for use only as a base combined with active ingredients)	BP	0.01	0.08	0.62	5.53
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	2.33	18.63	149.07	1325.11
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.04	0.31	2.77
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.05	0.42	3.77
Ether Solvent (use as additive only)	BP	0.28	2.23	17.83	158.49

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Eucalyptus Oil (use as additive only)	BP	0.02	0.17	1.36	12.11
Ferrous Sulfate	BP	0.04	0.33	2.65	23.56
Formaldehyde Solution	BP	0.07	0.53	4.26	37.86
Gentian Alkaline Mixture	APF	0.01	0.09	0.68	6.00
Glycerol	BP	0.02	0.13	1.07	9.55
Honey Purified (use as additive only)	BP 1993	0.01	0.03	0.27	2.44
Hydroxybenzoate Compound Solution	APF	0.09	0.72	5.79	51.50
Iodine	BP	0.36	2.85	22.80	202.64
Iodine Alcoholic Solution	BP	0.04	0.31	2.50	22.21
Iodine Aqueous Oral Solution	BP	0.04	0.32	2.53	22.45
Kaolin Mixture	BPC 1968	0.03	0.24	1.93	17.12
Kaolin and Opium Mixture	APF 14	0.01	0.10	0.82	7.27
Lactic Acid	BP	0.40	3.16	25.24	224.37
Lavender Spike Oil	BPC 1968	0.13	1.04	8.32	73.91
Liquorice Liquid Extract	BP	0.03	0.23	1.84	16.37
Magnesium Carbonate Light	BP	0.05	0.37	2.92	25.99
Magnesium Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.03	0.27	2.41
Magnesium Trisilicate	BP	0.05	0.41	3.28	29.14
Menthol, Racemic or Levomenthol	BP	0.27	2.16	17.31	153.85
Methyl Hydroxybenzoate	BP	0.46	3.67	29.34	260.76
Methyl Hydroxybenzoate Solution	APF	0.05	0.38	3.04	27.03
Methylated Industrial Spirit (use as additive only)	BP	0.01	0.01	0.11	1.01
Olive Oil (use as additive only)	BP	0.02	0.13	1.07	9.47
Paraffin Hard	BP	0.06	0.47	3.73	33.11
Paraffin Light Liquid	BP	0.02	0.17	1.39	12.32
Paraffin Liquid (use as additive only)	BP	0.01	0.07	0.57	5.06
Paraffin Soft White	BP	0.01	0.06	0.45	3.98
Paraffin Soft Yellow	BP	0.01	0.05	0.42	3.75
Peppermint Oil (use as additive only)	BP	0.08	0.61	4.88	43.34
Peppermint Water Concentrated 1 in 40 (use as additive only)	APF 16	0.04	0.35	2.80	24.92
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	9.37	74.92	599.36	5327.61
Phenol Liquefied (not available for ear drops)	BP	0.08	0.65	5.16	45.83
Podophyllum Resin	BP	4.16	33.30	266.36	2367.67
Potassium Citrate	BP	0.03	0.22	1.74	15.43
Potassium Iodide	BP	0.16	1.25	9.98	88.74
Potassium Permanganate	BP	0.05	0.38	3.02	26.86
Propyl Hydroxybenzoate	BP	0.41	3.28	26.26	233.39
Propylene Glycol	BP	0.02	0.12	0.98	8.69
Red Syrup	APF 15	0.02	0.13	1.04	9.23
Resorcinol	BP	0.45	3.63	29.07	258.42
Salicylic Acid	BP	0.04	0.30	2.43	21.58
Salicylic Acid Ointment	APF	0.02	0.17	1.38	12.23
Salicylic Acid Ointment	BP	0.02	0.17	1.38	12.23
Simple Ointment (white) (for use only as a base combined with active ingredients)	BP	0.02	0.14	1.11	9.88
Simple Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.14	1.11	9.88
Sodium Bicarbonate	BP	0.02	0.19	1.54	13.73
Sodium Chloride	BP	0.02	0.18	1.41	12.52
Sodium Chloride Solution	BP	0.01	0.01	0.11	0.97
Sodium Citrate	BP	0.04	0.32	2.53	22.45
Sodium Thiosulfate (use as additive only)	BP	0.05	0.39	3.10	27.54
Starch	BP	0.02	0.12	0.95	8.41
Sulfur Ointment (for use only as a base combined with active ingredients)	BP 1980	0.02	0.15	1.23	10.96
Sulfur Precipitated	BP 1980	0.03	0.26	2.06	18.35
Syrup	BP	0.01	0.06	0.47	4.15
Talc Purified, sterilised	BP	0.07	0.52	4.18	37.11
Thymol	BP	0.51	4.06	32.50	288.92
Thymol Compound Mouth Wash	APF 15	0.02	0.13	1.06	9.45
Tragacanth Compound Powder	BP 1980	0.07	0.57	4.58	40.73
Tragacanth Mucilage	APF 13	0.01	0.08	0.66	5.87

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Tragacanth Mucilage	BPC 1973	0.01	0.07	0.58	5.17
Tragacanth, powdered	BP	0.40	3.22	25.73	228.69
Trichloroacetic Acid	BP 1980	0.40	3.22	25.72	228.59
Triethanolamine	BP	0.14	1.09	8.69	77.25
Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP				
Water Purified	BP	0.01	0.01	0.09	0.81
Wool Alcohols Ointment (white) (for use only as a base combined with active ingredients)	BP	0.03	0.20	1.61	14.31
Wool Alcohols Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.19	1.48	13.18
Wool Fat	BP	0.02	0.14	1.09	9.73
Wool Fat Hydrous	BP	0.04	0.28	2.26	20.11
Zinc Compound Paste	BP	0.05	0.40	3.17	28.17
Zinc Cream (for use only as a base combined with active ingredients)	BP	0.01	0.09	0.73	6.48
Zinc Oxide	BP	0.03	0.23	1.87	16.65
Zinc Sulfate	BP	0.04	0.31	2.49	22.11
Zinc and Salicylic Acid Paste	BP	0.05	0.40	3.19	28.39

Container Prices

Type	Container	Price $
Dispensing Bottles	25mL	0.73
Dispensing Bottles	50mL	0.77
Dispensing Bottles	100mL	0.85
Dispensing Bottles	200mL	1.01
Dispensing Bottles	500mL	1.28
Poison Bottles	25mL	0.79
Poison Bottles	50mL	0.74
Poison Bottles	100mL	0.85
Poison Bottles	200mL	1.14
Poison Bottles	500mL	2.02
Dropper Containers (Glass)	15mL	1.16
Dropper Containers (Polythene)	15mL	0.98
	150ml	1.10
Screw Cap Jars	25g	0.95
Screw Cap Jars	50g	1.05
Screw Cap Jars	100g	1.41
Screw Cap Jars	200g	0.85
Screw Cap Jars	500g	2.19
	25ml	0.54

Standard Formula Preparations

Code	Item	Reference	DPMQ $	MRVSN $
	Creams			
	(Maximum Quantity 100 g and 1 Repeat)			
7502W	Salicylic Acid and Sulfur Aqueous	APF	14.36	15.97
	Dusting Powders			
	(Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF 15 & BPC 1973	38.21	39.82
	Ear Drops			
	(Maximum Quantity 15 ml and 2 Repeats)			
7643G	Aluminium Acetate	BP	12.48	14.09
7642F	Aluminium Acetate	APF	11.72	13.33
7314Y	Sodium Bicarbonate	APF & BP	11.25	12.86
7313X	Spirit	APF	10.71	12.32
	Inhalations			
	(Maximum Quantity 50 ml and 1 Repeat)			
7484X	Benzoin and Menthol	APF	33.22	34.83
7308P	Menthol	APF	13.89	15.50
7310R	Menthol and Eucalyptus	BP1980	14.87	16.48
	Linctuses containing Codeine Phosphate			
	(Maximum Quantity 100 ml and 0 Repeat)			
7530H	Codeine	APF	19.57	21.18
	Lotions			
	(Maximum Quantity 200 ml and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	13.48	15.09
	Mixtures, Other			
	(Maximum Quantity 200 ml and 4 Repeats)			
7604F	Gentian Alkaline	APF	22.44	24.05
7348R	Kaolin	BPC 1968	44.69	40.30
7301G	Kaolin and Opium	APF 14	24.98	26.59
7342K	Magnesium Trisilicate	BPC 1968	21.50	23.11
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	28.43	30.04
	Mouth Washes			
	(Maximum Quantity 200 ml and 1 Repeat)			
7457L	Thymol Compound	APF 15	29.47	31.08
	Ointments, Waxes			
	(Maximum Quantity 100 g and 1 Repeat)			
7914M	Benzoic Acid Compound	APF & BP	23.20	24.81
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	21.07	22.68
7926E	Salicylic Acid	APF	23.07	24.68
7928G	Salicylic Acid (extemporaneous formula)	BP	23.07	24.68
	Paints			
	(Maximum Quantity 25 ml and 1 Repeat)			
7567G	Podophyllin Compound	APF 16 & BP	145.52	40.30
7568H	Salicylic Acid	APF	41.90	40.30
	Pastes, Other			
	(Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc	APF & BP	39.01	40.30
	Powders for Internal Use			
	(Maximum Quantity 100 g and 2 Repeats)			
7545D	Magnesium Trisilicate	BP	39.42	40.30

Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Benefits

Code	Preparation	Maximum Quantity	Number of Repeats
13Q	Creams	100 g	1
48M	Dusting Powders	100 g	1
15T	Ear Drops	15 ml	2
19B	Eye Drops containing Cocaine Hydrochloride	15 ml	..
22E	Eye Drops, Other	15 ml	5
23F	Eye Lotions	200 ml	2
29M	Inhalations	50 ml	1
64J	Linctuses containing Codeine Phosphate	100 ml	..
34T	Linctuses, Other	100 ml	2
39C	Lotions	200 ml	2
65K	Mixtures containing Codeine Phosphate	200 ml	..
66L	Mixtures for Children containing Codeine Phosphate	100 ml	..
41E	Mixtures for Children, Other	100 ml	4
40D	Mixtures, Other	200 ml	4
30N	Mouth Washes	200 ml	1
42F	Nasal Instillations	15 ml	2
43G	Ointments, Waxes	100 g	1
44H	Paints	25 ml	1
63H	Pastes containing Cocaine Hydrochloride	25 g	..
45J	Pastes, Other	100 g	1
49N	Powders for Internal Use	100 g	2
52R	Solutions	200 ml	2

Index of Manufacturers' Code

Code	Manufacturer
AB	Abbott Australasia Pty Ltd
AE	AFT Pharmaceuticals (AU) Pty Ltd
AF	Alphapharm Pty Ltd
AG	Allergan Australia Pty Limited
AL	Alphapharm Pty Ltd
AN	Amgen Australia Pty Limited
AP	AstraZeneca Pty Ltd
AQ	Alcon Laboratories (Australia) Pty Ltd
AS	Aspen Pharmacare Australia Pty Limited
AT	Actelion Pharmaceuticals Australia Pty Ltd
AV	sanofi-aventis Australia Pty Ltd
BB	Blackmores Limited
BD	Biogen Australia Pty Ltd
BE	Beiersdorf Australia Ltd
BG	Sandoz Pty Ltd
BI	Biotech Pharmaceuticals Pty Ltd
BN	Bayer Australia Ltd
BQ	Bristol-Myers Squibb Australia Pty Ltd
BR	B. Braun Australia Pty Ltd
BV	BSN medical (Aust.) Pty Ltd
BX	Baxter Healthcare Pty Limited
BY	Boehringer Ingelheim Pty Ltd
BZ	Boucher & Muir Pty Ltd
CC	ConvaTec A Division of Bristol-Myers Squibb Australia Pty Ltd
CF	CNS Pharma Pty Ltd
CH	Apotex Pty Ltd
CJ	Celgene Pty Limited
CR	Pharmacor Pty Limited
CS	Seqirus (Australia) Pty Ltd
CT	Coloplast Pty Ltd
CU	Care Pharmaceuticals Pty Limited
DE	Stallergenes Australia Pty Ltd
DJ	De Fries Industries Pty Ltd
DO	Fair-Med Healthcare (Australia) Pty Ltd
DQ	Church & Dwight (Australia) Pty Ltd
DV	Medical Developments International Limited
DX	Ascensia Diabetes Care Australia Pty Ltd
DZ	Medsurge Healthcare Pty Ltd
EA	Amneal Pharmaceuticals Pty Ltd
ED	Amneal Pharmaceuticals Pty Ltd
EF	Amneal Pharmaceuticals Pty Ltd
EI	Eisai Australia Pty Ltd
EL	Eli Lilly Australia Pty Ltd
EO	Ego Pharmaceuticals Proprietary Limited
ER	Eris Pharmaceuticals (Australia) Pty Ltd
EU	Emerge Health Pty Ltd
EV	Teva Pharma Australia Pty Limited
EZ	Merz Australia Pty Ltd
FB	Pierre Fabre Australia Pty Ltd
FF	Phebra Pty Ltd
FG	Phebra Pty Ltd
FI	Boehringer Ingelheim Pty Ltd
FK	A. Menarini Australia Pty Limited
FM	Fawns and McAllan Proprietary Limited
FO	For Benefit Medicines Pty Ltd
FP	Ferring Pharmaceuticals Pty Limited
FR	Merck Sharp & Dohme (Australia) Pty Ltd
FX	Gedeon Richter Australia Pty Ltd
FZ	Pfizer Australia Pty Ltd
GA	Galderma Australia Pty Ltd
GC	GlaxoSmithKline Australia Pty Ltd
GH	Amdipharm Mercury (Australia) Pty Limited
GI	Gilead Sciences Pty Limited
GK	GlaxoSmithKline Australia Pty Ltd
GN	Actavis Pty Ltd
GO	Mylan Health Pty Ltd
GQ	Generic Health Pty Ltd
GT	Mylan Health Pty Ltd

Code	Manufacturer
GX	Apotex Pty Ltd
GZ	sanofi-aventis Australia Pty Ltd
HB	Besins Healthcare Australia Pty Ltd
HN	Horizon Hospital Healthcare Pty Ltd
HQ	Generic Health Pty Ltd
HR	Paul Hartmann Pty Ltd
HX	Sandoz Pty Ltd
IB	Apotex Pty Ltd
IG	Sigma Company Limited
IJ	I-Care Pharma Distributors Pty Ltd
IL	iNova Pharmaceuticals (Australia) Pty Limited
IM	iNova Pharmaceuticals (Australia) Pty Limited
IO	BioMarin Pharmaceutical Australia Pty Ltd
IQ	Alcon Laboratories (Australia) Pty Ltd
IR	Indivior Pty Ltd
IS	Ipsen Pty Ltd
IX	Clinect Pty Ltd
IY	Clinect Pty Ltd
JB	Apotex Pty Ltd
JC	Janssen-Cilag Pty Ltd
JJ	Johnson & Johnson Medical Pty Ltd
JO	Juno Pharmaceuticals Pty Ltd
JT	Johnson & Johnson Pacific Pty Limited
JU	Juno Pharmaceuticals Pty Ltd
JX	Juno Pharmaceuticals Pty Ltd
KE	Kendall Australasia Pty Ltd
KI	KCI Medical Australia Pty Ltd
KP	Eli Lilly Australia Pty Ltd
KY	Key Pharmaceuticals Pty Ltd
LC	Lohmann & Rauscher Pty Ltd
LI	Luminarie Pty Ltd
LL	Astellas Pharma Australia Pty Ltd
LM	Link Medical Products Pty Ltd
LN	Aspen Pharmacare Australia Pty Limited
LO	Leo Pharma Pty Ltd
LQ	Astellas Pharma Australia Pty Ltd
LR	Cipla Australia Pty Ltd
LS	Astellas Pharma Australia Pty Ltd
LU	Lundbeck Australia Pty Ltd
LV	Luminarie Pty Ltd
LX	Lawley Pharmaceuticals Pty Ltd
LY	Eli Lilly Australia Pty Ltd
MF	Mundipharma Pty Limited
MH	Molnlycke Health Care Pty Ltd
MK	Merck Sharp & Dohme (Australia) Pty Ltd
MM	3M Pharmaceuticals Australia Pty Ltd
MT	Mentholatum Australasia Pty Ltd
MW	Biomed Aust Pty Limited
NE	Norgine Pty Limited
NF	Novo Nordisk Pharmaceuticals Pty Limited
NI	Novo Nordisk Pharmaceuticals Pty Limited
NM	Novartis Pharmaceuticals Australia Pty Limited
NO	Novo Nordisk Pharmaceuticals Pty Limited
NQ	Takeda Pharmaceuticals Australia Pty Ltd
NT	Nestle Australia Ltd
NU	Nutricia Australia Pty Limited
NV	Novartis Pharmaceuticals Australia Pty Limited
OA	Orphan Australia Pty Ltd
OB	Oral B Laboratories Pty Ltd
OC	Accord Healthcare Pty Ltd
OD	Accord Healthcare Pty Ltd
OE	Omegapharm Pty Ltd
OH	Orpharma Pty Ltd
OL	Owen Laboratories Division of Galderma Australia Pty Ltd
OM	Colgate Oral Care
ON	Orion Laboratories Pty Ltd
OS	Otsuka Australia Pharmaceutical Pty Ltd
OU	Oraderm Pharmaceuticals Pty Ltd

Code	Manufacturer
OW	Arrow Pharma Pty Ltd
PB	Pharmaco (Australia) Limited
PE	Allergan Australia Pty Limited
PF	Pfizer Australia Pty Ltd
PK	Fresenius Kabi Australia Pty Limited
PP	Petrus Pharmaceuticals Pty Ltd
PQ	PMIP Pty Ltd
PY	Procter & Gamble Pharmaceuticals Australia Pty Ltd
QA	Aspen Pharma Pty Ltd
QH	Cortex Health Pty Ltd
RA	Sun Pharma ANZ Pty Ltd
RB	Bio Revive Pty Ltd
RC	Reckitt Benckiser (Australia) Pty Limited
RF	Arrow Pharma Pty Ltd
RI	Dr Reddy's Laboratories (Australia) Pty Ltd
RJ	Recordati Rare Diseases Australia Pty. Ltd.
RN	Sun Pharma ANZ Pty Ltd
RO	Roche Products Pty Ltd
RW	Arrow Pharma Pty Ltd
RX	Servier Laboratories (Aust.) Pty Ltd
RZ	Dr Reddy's Laboratories (Australia) Pty Ltd
SA	SciGen (Australia) Pty Limited
SB	Nutricia Australia Pty Limited
SE	Servier Laboratories (Aust.) Pty Ltd
SG	Merck Serono Australia Pty Ltd
SI	Sigma Company Limited
SN	Smith & Nephew Pty Limited
SS	SSL Australia Pty Ltd
SW	sanofi-aventis Australia Pty Ltd
SY	Bayer Australia Ltd
SZ	Sandoz Pty Ltd
TB	Teva Pharma Australia Pty Limited
TD	STADA Pharmaceuticals Australia Pty Limited
TF	Te Arai BioFarma Limited
TK	Takeda Pharmaceuticals Australia Pty Ltd
TM	Technipro Marketing Pty Ltd
TS	Specialised Therapeutics Australia Pty Ltd
TT	Theramex Australia Pty Ltd
TU	Theramex Australia Pty Ltd
TW	Apotex Pty Ltd
TX	Apotex Pty Ltd
TY	Apotex Pty Ltd
UA	Actavis Pty Ltd
UC	UCB Australia Proprietary Limited
UL	Bausch & Lomb (Australia) Pty Ltd
UM	Unomedical Pty Ltd
UN	Unilever Australia Limited
UO	Bausch & Lomb (Australia) Pty Ltd
VE	AbbVie Pty Ltd
VF	Vitaflo Australia Pty Limited
VI	ViiV Healthcare Pty Ltd
VL	Vifor Pharma Pty Limited
VR	Vertex Pharmaceuticals (Australia) Pty Ltd
VZ	Sanofi-aventis Healthcare Pty Ltd
WA	sanofi-aventis Australia Pty Ltd
WC	Wockhardt Bio Pty Ltd
XA	Pharmaxis Ltd
XC	Southern Cross Pharma Pty Ltd
XH	MS Health Pty Ltd
XI	Alexion Pharmaceuticals Australasia Pty Ltd
XM	The Medicines Company (Australia) Pty Limited
YB	Bayport Brands Pty Ltd
YN	Mayne Pharma International Pty Ltd
YT	Mayne Products Pty Ltd
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