



Australian Government

Department of Health



Schedule of Pharmaceutical Benefits

Efficient Funding of Chemotherapy

Effective 1 August 2019



Contents

Summary of Changes	3
About the Supplement	7
Symbols used in the Efficient Funding of Chemotherapy supplement	7
Remuneration arrangements.....	7
Pharmaceutical Benefits Schedules	8
Chemotherapy items for Private Hospital use	9
Chemotherapy items for Public Hospital use.....	69
Related Pharmaceutical Benefits for Public Hospital use.....	129
Index of Manufacturers' Code	139
Generic/Proprietary Index	141

Summary of Changes

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

Efficient Funding of Chemotherapy (Private Hospital)

Additions

Addition – Item

- 11727F **BEVACIZUMAB**,
bevacizumab 100 mg/4 mL injection, 4 mL vial (*Avastin*);
bevacizumab 400 mg/16 mL injection, 16 mL vial (*Avastin*)
- 11731K **BEVACIZUMAB**,
bevacizumab 100 mg/4 mL injection, 4 mL vial (*Avastin*);
bevacizumab 400 mg/16 mL injection, 16 mL vial (*Avastin*)

Addition – Brand

- 10381J *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
- 10383L *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
- 10402L *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
- 10589H *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
- 10597R *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
- 7264H *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
- 7265J *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
- 7266K *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
- 7267L *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial

Addition – Note

- 10424P **PEMBROLIZUMAB**,
pembrolizumab 50 mg injection, 1 vial (*Keytruda*);
pembrolizumab 100 mg/4 mL injection, 4 mL vial (*Keytruda*)
- 10475H **PEMBROLIZUMAB**,
pembrolizumab 50 mg injection, 1 vial (*Keytruda*);
pembrolizumab 100 mg/4 mL injection, 4 mL vial (*Keytruda*)

Deletions

Deletion – Note

- 7243F **BEVACIZUMAB**,
bevacizumab 100 mg/4 mL injection, 4 mL vial (*Avastin*);
bevacizumab 400 mg/16 mL injection, 16 mL vial (*Avastin*)
- 7246J **GEMCITABINE**,
gemcitabine 1 g/26.3 mL injection, 26.3 mL vial (*DBL Gemcitabine Injection*);
gemcitabine 2 g/52.6 mL injection, 52.6 mL vial (*DBL Gemcitabine Injection*)
- 10381J **TRASTUZUMAB**,
trastuzumab 60 mg injection, 1 vial (*Herceptin*);
trastuzumab 150 mg injection, 1 vial (*Ogivri*);
trastuzumab 150 mg injection, 1 vial (*Herceptin*)

10383L **TRASTUZUMAB**,
trastuzumab 60 mg injection, 1 vial (*Herceptin*);
trastuzumab 150 mg injection, 1 vial (*Ogivri*);
trastuzumab 150 mg injection, 1 vial (*Herceptin*)

10402L **TRASTUZUMAB**,
trastuzumab 60 mg injection, 1 vial (*Herceptin*);
trastuzumab 150 mg injection, 1 vial (*Ogivri*);
trastuzumab 150 mg injection, 1 vial (*Herceptin*)

Alterations

Alteration – Restriction

10424P **PEMBROLIZUMAB**,
pembrolizumab 50 mg injection, 1 vial (*Keytruda*);
pembrolizumab 100 mg/4 mL injection, 4 mL vial (*Keytruda*)

10475H **PEMBROLIZUMAB**,
pembrolizumab 50 mg injection, 1 vial (*Keytruda*);
pembrolizumab 100 mg/4 mL injection, 4 mL vial (*Keytruda*)

Alteration – Maximum Quantity

		From	To
10424P	PEMBROLIZUMAB , pembrolizumab 50 mg injection, 1 vial (<i>Keytruda</i>); pembrolizumab 100 mg/4 mL injection, 4 mL vial (<i>Keytruda</i>)	240	200
10475H	PEMBROLIZUMAB , pembrolizumab 50 mg injection, 1 vial (<i>Keytruda</i>); pembrolizumab 100 mg/4 mL injection, 4 mL vial (<i>Keytruda</i>)	240	200

Advance Notices

1 September 2019

Deletion – Brand

10237T *Arzerra, NV* – **OFATUMUMAB**, ofatumumab 1 g/50 mL injection, 50 mL vial
10239X *Arzerra, NV* – **OFATUMUMAB**, ofatumumab 1 g/50 mL injection, 50 mL vial
10240Y *Arzerra, NV* – **OFATUMUMAB**, ofatumumab 100 mg/5 mL injection, 3 x 5 mL vials
10424P *Keytruda, MK* – **PEMBROLIZUMAB**, pembrolizumab 50 mg injection, 1 vial
10475H *Keytruda, MK* – **PEMBROLIZUMAB**, pembrolizumab 50 mg injection, 1 vial
11352L *Keytruda, MK* – **PEMBROLIZUMAB**, pembrolizumab 50 mg injection, 1 vial

Efficient Funding of Chemotherapy (Public Hospital)

Additions

Addition – Item

11745E **BEVACIZUMAB**,
bevacizumab 100 mg/4 mL injection, 4 mL vial (*Avastin*);
bevacizumab 400 mg/16 mL injection, 16 mL vial (*Avastin*)

11749J **BEVACIZUMAB**,
bevacizumab 100 mg/4 mL injection, 4 mL vial (*Avastin*);
bevacizumab 400 mg/16 mL injection, 16 mL vial (*Avastin*)

Addition – Brand

10391X *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
10401K *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
10423N *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
10581X *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
10588G *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
4632T *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
4639E *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial
4650R *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial

4703M *Ogivri, AF* – **TRASTUZUMAB**, trastuzumab 150 mg injection, 1 vial

Addition – Note

10436G **PEMBROLIZUMAB**,
pembrolizumab 50 mg injection, 1 vial (*Keytruda*);
pembrolizumab 100 mg/4 mL injection, 4 mL vial (*Keytruda*)

10493G **PEMBROLIZUMAB**,
pembrolizumab 50 mg injection, 1 vial (*Keytruda*);
pembrolizumab 100 mg/4 mL injection, 4 mL vial (*Keytruda*)

Deletions

Deletion – Note

4400N **BEVACIZUMAB**,
bevacizumab 100 mg/4 mL injection, 4 mL vial (*Avastin*);
bevacizumab 400 mg/16 mL injection, 16 mL vial (*Avastin*)

4439P **GEMCITABINE**,
gemcitabine 1 g/26.3 mL injection, 26.3 mL vial (*DBL Gemcitabine Injection*);
gemcitabine 2 g/52.6 mL injection, 52.6 mL vial (*DBL Gemcitabine Injection*)

10391X **TRASTUZUMAB**,
trastuzumab 60 mg injection, 1 vial (*Herceptin*);
trastuzumab 150 mg injection, 1 vial (*Ogivri*);
trastuzumab 150 mg injection, 1 vial (*Herceptin*)

10401K **TRASTUZUMAB**,
trastuzumab 60 mg injection, 1 vial (*Herceptin*);
trastuzumab 150 mg injection, 1 vial (*Ogivri*);
trastuzumab 150 mg injection, 1 vial (*Herceptin*)

10423N **TRASTUZUMAB**,
trastuzumab 60 mg injection, 1 vial (*Herceptin*);
trastuzumab 150 mg injection, 1 vial (*Ogivri*);
trastuzumab 150 mg injection, 1 vial (*Herceptin*)

Alterations

Alteration – Restriction

10436G **PEMBROLIZUMAB**,
pembrolizumab 50 mg injection, 1 vial (*Keytruda*);
pembrolizumab 100 mg/4 mL injection, 4 mL vial (*Keytruda*)

10493G **PEMBROLIZUMAB**,
pembrolizumab 50 mg injection, 1 vial (*Keytruda*);
pembrolizumab 100 mg/4 mL injection, 4 mL vial (*Keytruda*)

Alteration – Maximum Quantity

		<i>From</i>	<i>To</i>
10436G	PEMBROLIZUMAB , pembrolizumab 50 mg injection, 1 vial (<i>Keytruda</i>); pembrolizumab 100 mg/4 mL injection, 4 mL vial (<i>Keytruda</i>)	240	200
10493G	PEMBROLIZUMAB , pembrolizumab 50 mg injection, 1 vial (<i>Keytruda</i>); pembrolizumab 100 mg/4 mL injection, 4 mL vial (<i>Keytruda</i>)	240	200

Advance Notices

1 September 2019

Deletion – Brand

10236R *Arzerra, NV* – **OFATUMUMAB**, ofatumumab 1 g/50 mL injection, 50 mL vial

10249K *Arzerra, NV* – **OFATUMUMAB**, ofatumumab 100 mg/5 mL injection, 3 x 5 mL vials

10252N *Arzerra, NV* – **OFATUMUMAB**, ofatumumab 1 g/50 mL injection, 50 mL vial

10436G *Keytruda, MK* – **PEMBROLIZUMAB**, pembrolizumab 50 mg injection, 1 vial

10493G *Keytruda, MK* – **PEMBROLIZUMAB**, pembrolizumab 50 mg injection, 1 vial

11330H *Keytruda, MK* – **PEMBROLIZUMAB**, pembrolizumab 50 mg injection, 1 vial

Related Pharmaceutical Benefits for Public Hospital use

Deletions

Deletion – Item

2550F **APREPITANT**, aprepitant 165 mg capsule, 1 (*Emend*)

Deletion – Note

10811B **TRASTUZUMAB**, trastuzumab 600 mg/5 mL injection, 5 mL vial (*Herceptin SC*)

10817H **TRASTUZUMAB**, trastuzumab 600 mg/5 mL injection, 5 mL vial (*Herceptin SC*)

10829Y **TRASTUZUMAB**, trastuzumab 600 mg/5 mL injection, 5 mL vial (*Herceptin SC*)

Advance Notices

1 October 2019

Deletion – Brand

5967C *Onsetron 4, ZP* – **ONDANSETRON**, ondansetron 4 mg tablet, 4

5968D *Onsetron 8, ZP* – **ONDANSETRON**, ondansetron 8 mg tablet, 4

5971G *Onsetron, ZP* – **ONDANSETRON**, ondansetron 4 mg/2 mL injection, 2 mL ampoule

5972H *Onsetron, ZP* – **ONDANSETRON**, ondansetron 8 mg/4 mL injection, 4 mL ampoule

About the Supplement

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

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

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

This supplement is split into three parts:

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

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

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

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

Symbols used in the Efficient Funding of Chemotherapy supplement

*	An asterisk in the dispensed price column indicates that the manufacturer's pack does not coincide with the maximum quantity
‡	A double dagger in the maximum quantity column indicates where the maximum quantity has been determined to match the manufacturer's pack. These packs cannot be broken and the maximum quantity should be supplied and claimed
^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

Remuneration arrangements

Fees payable per item claimed:

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

- Ready Prepared Dispensing Fee (\$7.39)
- Preparation fee (\$85.06)
- Distribution fee (\$27.02)
- Diluent fee (\$5.35)

Section 94 Approved Public Hospital Authority

- Preparation fee (\$85.06)

Section 94 Approved Private Hospital Authority

- Ready Prepared Dispensing Fee (\$7.39)
- Preparation fee (\$85.06)
- Distribution fee (\$27.02) (not payable where the drug is trastuzumab)
- Diluent fee (\$5.35)

Pharmaceutical Benefits Schedules

Chemotherapy items for Private Hospital use

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS	10
ANTINEOPLASTIC AGENTS	10
ALKYLATING AGENTS	10
ANTIMETABOLITES.....	11
PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS	14
CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES	16
OTHER ANTINEOPLASTIC AGENTS.....	17

■ ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

■ ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

Nitrogen mustard analogues

■ BENDAMUSTINE

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

Authority required (STREAMLINED)

7972

Previously untreated stage III or IV mantle cell lymphoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The treatment must be in combination with rituximab, **AND**
- The condition must be previously untreated, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for induction treatment purposes only, **AND**
- Patient must not receive more than 6 cycles (12 doses) of treatment under this restriction, **AND**
- Patient must not be eligible for stem cell transplantation.

Authority required (STREAMLINED)

7943

Previously untreated stage II bulky or stage III or IV indolent non-Hodgkin's lymphoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The condition must be previously untreated, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for induction treatment purposes only, **AND**
- The treatment must be in combination with rituximab or obinutuzumab, **AND**
- The treatment must not exceed 6 cycles (12 doses) with this drug under this restriction.

Authority required (STREAMLINED)

7944

Follicular lymphoma

Treatment Phase: Re-induction treatment

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The condition must be refractory to treatment with rituximab for this condition, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for re-induction treatment purposes only, **AND**
- The treatment must be in combination with obinutuzumab, **AND**
- The treatment must not exceed 6 cycles (12 doses) with this drug under this restriction.

The condition is considered rituximab-refractory if the patient experiences less than a partial response or progression of disease within 6 months after completion of a prior rituximab-containing regimen.

Injection

10763L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*1762.06	40.30	Ribomustin [JC] (bendamustine hydrochloride 100 mg injection, 1 vial) Ribomustin [JC] (bendamustine hydrochloride 25 mg injection, 1 vial)

■ CYCLOPHOSPHAMIDE

Injection

7226H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2800 mg	17	..	*197.51	40.30	Endoxan [BX] (cyclophosphamide 1 g injection, 1 vial) Endoxan [BX] (cyclophosphamide 2 g injection, 1 vial) Endoxan [BX] (cyclophosphamide 500 mg injection, 1 vial)

■ IFOSFAMIDE

Injection

7248L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	4000 mg	19	..	*324.22	40.30	Holoxan [BX] (ifosfamide 1 g injection, 1 vial) Holoxan [BX] (ifosfamide 2 g injection, 1 vial)

Nitrosoureas

▪ FOTEMUSTINE

Authority required (STREAMLINED)

6288

Metastatic malignant melanoma

Injection

7245H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	8	..	*2004.98	40.30	Muphoran [SE] (fotemustine 208 mg injection [1 vial] (& inert substance diluent [4 mL ampoule], 1 pack)

ANTIMETABOLITES

Folic acid analogues

▪ METHOTREXATE

Injection

7250N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	5	..	*150.67	40.30	Hospira Pty Limited [PF] (methotrexate 1 g/10 mL injection, 10 mL vial) Hospira Pty Limited [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [PF] (methotrexate 500 mg/20 mL injection, 20 mL vial) Methaccord [EA] (methotrexate 1 g/10 mL injection, 10 mL vial) Methotrexate Accord [OD] (METHOTREXATE Injection 50 mg in 2 mL, 1) Methotrexate Accord [OD] (methotrexate 1 g/10 mL injection, 10 mL vial) Methotrexate Ebewe [SZ] (methotrexate 5 g/50 mL injection, 50 mL vial) Pfizer Australia Pty Ltd [PF] (methotrexate 1 g/10 mL injection, 10 mL vial)

▪ METHOTREXATE

Restricted benefit

Patients receiving treatment with a high dose regimen

Injection

7251P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	20000 mg	..	..	*888.78	40.30	Hospira Pty Limited [PF] (methotrexate 1 g/10 mL injection, 10 mL vial) Hospira Pty Limited [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [PF] (methotrexate 500 mg/20 mL injection, 20 mL vial) Methaccord [EA] (methotrexate 1 g/10 mL injection, 10 mL vial) Methotrexate Accord [OD] (METHOTREXATE Injection 50 mg in 2 mL, 1) Methotrexate Accord [OD] (methotrexate 1 g/10 mL injection, 10 mL vial) Methotrexate Ebewe [SZ] (methotrexate 5 g/50 mL injection, 50 mL vial) Pfizer Australia Pty Ltd [PF] (methotrexate 1 g/10 mL injection, 10 mL vial)

▪ PEMETREXED

Injection

7255W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1100 mg	5	..	*210.30	40.30	Alimta [LY] (pemetrexed 100 mg injection, 1 vial) Alimta [LY] (pemetrexed 500 mg injection, 1 vial) DBL Pemetrexed [PF] (pemetrexed 1 g injection, 1 vial) DBL Pemetrexed [PF] (pemetrexed 100 mg injection, 1 vial) DBL Pemetrexed [PF] (pemetrexed 500 mg injection, 1 vial) Pemetrexed Accord [OD] (pemetrexed 1 g injection, 1 vial) Pemetrexed Accord [OD] (pemetrexed 100 mg injection, 1 vial)

Pemetrexed Accord [OD] (pemetrexed 500 mg injection, 1 vial)
 Pemetrexed APOTEX [TX] (pemetrexed 500 mg injection, 1 vial)
 PEMETREXED-DRLA [RZ] (pemetrexed 100 mg injection, 1 vial)
 Pemetrexed DRLA [RZ] (pemetrexed 500 mg injection, 1 vial)
 Pemetrexed SUN [RA] (pemetrexed 1 g injection, 1 vial)
 Pemetrexed SUN [RA] (pemetrexed 100 mg injection, 1 vial)
 Pemetrexed SUN [RA] (pemetrexed 500 mg injection, 1 vial)
 Reladdin [AF] (pemetrexed 100 mg injection, 1 vial)
 Reladdin [AF] (pemetrexed 500 mg injection, 1 vial)
 Tevatrexed [TB] (pemetrexed 100 mg injection, 1 vial)
 Tevatrexed [TB] (pemetrexed 500 mg injection, 1 vial)

■ PRALATREXATE

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

Authority required

Relapsed or chemotherapy refractory Peripheral T-cell Lymphoma
 Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be relapsed or chemotherapy refractory, **AND**
- Patient must have undergone appropriate prior front-line curative intent chemotherapy.

Injection

11271F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	80 mg	5	..	*4545.86	40.30	Folotyn [MF] (pralatrexate 20 mg/mL injection, 1 mL vial)

■ PRALATREXATE

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

Authority required

Relapsed or chemotherapy refractory Peripheral T-cell Lymphoma
 Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be relapsed or chemotherapy refractory, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Injection

11278N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	80 mg	11	..	*4545.86	40.30	Folotyn [MF] (pralatrexate 20 mg/mL injection, 1 mL vial)

■ RALTITREXED

Authority required (STREAMLINED)

6228

Advanced colorectal cancer

Clinical criteria:

- The treatment must only be used as a single agent in the treatment of this condition.

Injection

7256X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7 mg	8	..	*1182.26	40.30	Tomudex [PF] (raltitrexed 2 mg injection, 1 vial)

Purine analogues

■ CLADRIBINE

Authority required (STREAMLINED)

6265

Hairy cell leukaemia

Injection

7225G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	17 mg	6	..	*1179.82	40.30	Leustatin [JC] (cladribine 10 mg/10 mL injection, 10 mL vial) Litak [OA] (cladribine 10 mg/5 mL injection, 5 mL vial)

■ FLUDARABINE

Note Pharmaceutical benefits that have the form fludarabine phosphate 50 mg injection and pharmaceutical benefits that have the form fludarabine phosphate 50 mg/2 mL injection are equivalent for the purposes of substitution.

Injection

7233Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	55 mg	29	..	*189.40	40.30	Fludarabine ACT [JU] (fludarabine phosphate 50 mg injection, 1 vial) Fludarabine AMNEAL [JU] (fludarabine phosphate 50 mg injection, 1 vial) Fludarabine Ebewe [SZ] (fludarabine phosphate 50 mg/2 mL injection, 5 x 2 mL vials)

Pyrimidine analogues

▪ **CYTARABINE**

Injection

7227J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7000 mg	15	..	*934.02	40.30	Pfizer Australia Pty Ltd [PF] (cytarabine 100 mg/5 mL injection, 5 x 5 mL vials)

▪ **FLUOROURACIL**

Restricted benefit

Patients requiring administration of fluorouracil by intravenous infusion

Injection

7234R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5500 mg	11	..	*164.37	40.30	DBL Fluorouracil Injection BP [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) DBL Fluorouracil Injection BP [PF] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials) Fluorouracil Accord [OC] (fluorouracil 1 g/20 mL injection, 20 mL vial) Fluorouracil Accord [OC] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) Fluorouracil Accord [OC] (fluorouracil 5 g/100 mL injection, 100 mL vial) Fluorouracil Accord [OC] (fluorouracil 500 mg/10 mL injection, 10 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 1 g/20 mL injection, 20 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 5 g/100 mL injection, 100 mL vial)

▪ **FLUOROURACIL**

Restricted benefit

Patients requiring administration of fluorouracil by intravenous injection

Injection

7239B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	23	..	*132.01	40.30	DBL Fluorouracil Injection BP [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) DBL Fluorouracil Injection BP [PF] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials) Fluorouracil Accord [OC] (fluorouracil 1 g/20 mL injection, 20 mL vial) Fluorouracil Accord [OC] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) Fluorouracil Accord [OC] (fluorouracil 5 g/100 mL injection, 100 mL vial) Fluorouracil Accord [OC] (fluorouracil 500 mg/10 mL injection, 10 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 1 g/20 mL injection, 20 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 5 g/100 mL injection, 100 mL vial)

▪ **GEMCITABINE**

Caution Pharmaceutical benefits containing gemcitabine may have different concentrations.

Injection

7246J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mg	17	..	*188.75	40.30	DBL Gemcitabine Injection [PF] (gemcitabine 1 g/26.3 mL injection, 26.3 mL vial)

DBL Gemcitabine Injection [PF] (gemcitabine 2 g/52.6 mL injection, 52.6 mL vial)

PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

Vinca alkaloids and analogues

■ VINBLASTINE

Injection

7261E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	20 mg	17	..	*199.18	40.30	Hospira Pty Limited [PF] (vinblastine sulfate 10 mg/10 mL injection, 5 x 10 mL vials)

■ VINCRISTINE

Injection

7262F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2 mg	7	..	*142.90	40.30	Hospira Pty Limited [PF] (vincristine sulfate 1 mg/mL injection, 5 x 1 mL vials)

■ VINOURELBINE

Injection

7263G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	70 mg	7	..	*196.71	40.30	Navelbine [FB] (vinorelbine 10 mg/mL injection, 1 mL vial) Navelbine [FB] (vinorelbine 50 mg/5 mL injection, 5 mL vial) Vinorelbine Ebewe [SZ] (vinorelbine 10 mg/mL injection, 1 mL vial) Vinorelbine Ebewe [SZ] (vinorelbine 50 mg/5 mL injection, 5 mL vial)

Podophyllotoxin derivatives

■ ETOPOSIDE

Injection

7237X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	440 mg	14	..	*321.02	40.30	Etopophos [BQ] (etoposide phosphate 1.136 g (etoposide 1 g) injection, 1 vial) Etoposide Ebewe [SZ] (etoposide 100 mg/5 mL injection, 5 x 5 mL vials) Pfizer Australia Pty Ltd [PF] (etoposide 100 mg/5 mL injection, 5 mL vial)

Taxanes

■ CABAZITAXEL

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4662

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with prednisone or prednisolone, **AND**
- The treatment must not be used in combination with abiraterone, **AND**
- Patient must have failed treatment with docetaxel due to resistance or intolerance, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not receive PBS-subsidised cabazitaxel if progressive disease develops while on cabazitaxel.

Injection

7236W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	55 mg	5	..	*3014.72	40.30	Jevtana [SW] (cabazitaxel 60 mg/1.5 mL injection [1.5 mL vial] (&) inert substance diluent [4.5 mL vial], 1 pack)

■ DOCETAXEL

Note Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL and docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 160 mg in 8 mL and docetaxel solution concentrate for I.V. infusion 160 mg in 16 mL are equivalent for the purposes of substitution.

Injection

10158P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	5	..	*222.66	40.30	DBL Docetaxel Concentrated Injection [PF] (docetaxel 160 mg/16 mL injection, 16 mL vial) DBL Docetaxel Concentrated Injection [PF] (docetaxel 80 mg/8 mL injection, 8 mL vial)

Docetaxel Accord [OC] (docetaxel 160 mg/8 mL injection, 8 mL vial)
 Docetaxel Accord [OC] (docetaxel 80 mg/4 mL injection, 4 mL vial)
 Docetaxel Sandoz [SZ] (docetaxel 80 mg/8 mL injection, 8 mL vial)

▪ **NANOPARTICLE ALBUMIN-BOUND PACLITAXEL**

Authority required (STREAMLINED)

6106

Metastatic breast cancer

Authority required (STREAMLINED)

6119

HER2 positive breast cancer

Injection

7270P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	580 mg	5	..	*2445.32	40.30	Abraxane [TS] (paclitaxel (as nanoparticle albumin-bound) 100 mg injection, 1 vial)

▪ **NANOPARTICLE ALBUMIN-BOUND PACLITAXEL**

Note Special Pricing Arrangements apply.

Note Not for use as neoadjuvant or adjuvant therapy.

Authority required (STREAMLINED)

4657

Stage IV (metastatic) adenocarcinoma of the pancreas

Clinical criteria:

- The treatment must be in combination with gemcitabine, **AND**
 - The condition must not have been treated previously with PBS-subsidised therapy, **AND**
 - Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less.
- A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Injection

10150F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	275 mg	11	..	*1285.07	40.30	Abraxane [TS] (paclitaxel (as nanoparticle albumin-bound) 100 mg injection, 1 vial)

▪ **PACLITAXEL**

Injection

7254T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	3	..	*200.34	40.30	Anzatax [PF] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial) Anzatax [PF] (paclitaxel 150 mg/25 mL injection, 25 mL vial) Anzatax [PF] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxel Accord [OC] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxel ACT [JU] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial) Paclitaxel ACT [JU] (paclitaxel 150 mg/25 mL injection, 25 mL vial) Paclitaxel ACT [JU] (paclitaxel 30 mg/5 mL injection, 5 mL vial) Paclitaxel ACT [JU] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxel Ebewe [SZ] (paclitaxel 150 mg/25 mL injection, 25 mL vial) Paclitaxel Ebewe [SZ] (paclitaxel 30 mg/5 mL injection, 5 x 5 mL vials) Paclitaxel Ebewe [SZ] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxel Kabi [PK] (paclitaxel 30 mg/5 mL injection, 5 mL vial) Paclitaxel Kabi [PK] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxin [TB] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial) Paclitaxin [TB] (paclitaxel 150 mg/25 mL injection, 25 mL vial) Paclitaxin [TB] (paclitaxel 30 mg/5 mL injection, 5 mL vial) Paclitaxin [TB] (paclitaxel 300 mg/50 mL injection, 50 mL vial)

CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES

Anthracyclines and related substances

■ DOXORUBICIN

Injection/intravesical

7229L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	135 mg	11	..	*176.69	40.30	Adriamycin [PF] (doxorubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Adriamycin [PF] (doxorubicin hydrochloride 50 mg/25 mL injection, 25 mL vial) Doxorubicin ACC [OC] (doxorubicin hydrochloride 200 mg/100 mL injection, 100 mL vial)

■ DOXORUBICIN HYDROCHLORIDE (AS PEGYLATED LIPOSOMAL)

Authority required (STREAMLINED)**4786**

Advanced epithelial ovarian cancer

Clinical criteria:

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

Authority required (STREAMLINED)**4791**

Metastatic breast cancer

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have failed prior therapy which included capecitabine and a taxane.

Authority required (STREAMLINED)**4787**

Metastatic breast cancer

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have a contraindication to therapy with capecitabine and/or a taxane.

Injection

7230M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	100 mg	5	..	*1203.70	40.30	Caelyx [JC] (doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial) Caelyx [JC] (doxorubicin hydrochloride (as pegylated liposomal) 50 mg/25 mL injection, 25 mL vial) Liposomal Doxorubicin SUN [RA] (doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial) Liposomal Doxorubicin SUN [RA] (doxorubicin hydrochloride (as pegylated liposomal) 50 mg/25 mL injection, 25 mL vial)

■ EPIRUBICIN

Injection/intravesical

7231N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	5	..	*206.17	40.30	Epirube [TB] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Epirube [TB] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial) Epirubicin Accord [OC] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Epirubicin ACT [JU] (epirubicin hydrochloride 100 mg/50 mL injection, 50 mL vial) Epirubicin ACT [JU] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Epirubicin ACT [JU] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial) Pharmorubicin [PF] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Pharmorubicin [PF] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial)

■ IDARUBICIN

Restricted benefit

Acute myelogenous leukaemia (AML)

Injection

7247K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*258.80	40.30	Idarubicin Ebewe [SZ] (idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial)

Zavedos Solution [PF] (idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial)
 Zavedos Solution [PF] (idarubicin hydrochloride 5 mg/5 mL injection, 5 mL vial)

■ MITOZANTRONE

Injection

7252Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*218.72	40.30	Mitozantrone Ebewe [SZ] (mitozantrone 20 mg/10 mL injection, 10 mL vial) Onkotrone [BX] (mitozantrone 20 mg/10 mL injection, 10 mL vial) Onkotrone [BX] (mitozantrone 25 mg/12.5 mL injection, 12.5 mL vial)

Other cytotoxic antibiotics

■ BLEOMYCIN SULFATE

Restricted benefit

Germ cell neoplasms

Restricted benefit

Lymphoma

Injection

11701W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30000 iu	11	..	*168.08	40.30	Bleomycin for Injection, USP [QY] (bleomycin sulfate 15 000 international units injection, 1 vial)

Injection

7244G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30000 iu	11	..	*168.08	40.30	Bleo 15K [JU] (bleomycin sulfate 15 000 international units injection, 1 vial) CIPLA BLEOMYCIN [LR] (bleomycin sulfate 15 000 international units injection, 1 vial) Hospira Pty Limited [PF] (bleomycin sulfate 15 000 international units injection, 1 vial)

OTHER ANTINEOPLASTIC AGENTS

Platinum compounds

■ CARBOPLATIN

Injection

7222D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	5	..	*196.80	40.30	Carboplatin Accord [OC] (carboplatin 450 mg/45 mL injection, 45 mL vial) Hospira Pty Limited [PF] (carboplatin 150 mg/15 mL injection, 15 mL vial) Hospira Pty Limited [PF] (carboplatin 450 mg/45 mL injection, 45 mL vial)

■ CISPLATIN

Injection

7224F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	14	..	*170.79	40.30	Cisplatin Accord [OC] (cisplatin 100 mg/100 mL injection, 100 mL vial) Cisplatin Accord [OC] (cisplatin 50 mg/50 mL injection, 50 mL vial) Hospira Pty Limited [PF] (cisplatin 100 mg/100 mL injection, 100 mL vial) Hospira Pty Limited [PF] (cisplatin 50 mg/50 mL injection, 50 mL vial)

■ OXALIPLATIN

Injection

7253R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	11	..	*184.87	40.30	DBL Oxaliplatin Concentrate [PF] (oxaliplatin 100 mg/20 mL injection, 20 mL vial) Oxaliplatin Accord [OC] (oxaliplatin 100 mg/20 mL injection, 20 mL vial) Oxaliplatin SUN [RA] (oxaliplatin 100 mg/20 mL injection, 20 mL vial)

Oxaliplatin SUN [RA] (oxaliplatin 200 mg/40 mL injection, 40 mL vial)
 Oxaliplatin SUN [RA] (oxaliplatin 50 mg/10 mL injection, 10 mL vial)
 Oxaliplatin SZ [HX] (oxaliplatin 100 mg/20 mL injection, 20 mL vial)

Monoclonal antibodies

■ ATEZOLIZUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6999

Locally advanced or metastatic non-small cell lung 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 treatment for this condition, **AND**
- Patient must have stable or responding disease.

Authority required (STREAMLINED)

7572

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have received treatment with this drug for this condition prior to 1 April 2018, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- Patient must have had a WHO performance status of 0 or 1 at the time non-PBS subsidised treatment with this drug for this condition was initiated.

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.

Injection

11297N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	7	..	*7705.79	40.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

■ ATEZOLIZUMAB

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7539

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy.

Injection

11309F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	5	..	*7705.79	40.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

■ AVELUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8947

Stage IV (metastatic) Merkel Cell Carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

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

- The treatment must not exceed a total of 9 doses at a maximum dose of 10 mg per kg every 2 weeks under this restriction.

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

Injection

11679Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	8	..	*8382.98	40.30	Bavencio [SG] (avelumab 200 mg/10 mL injection, 10 mL vial)

▪ **AVELUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8856

Stage IV (metastatic) Merkel Cell 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 have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must not exceed a total of 12 doses at a maximum dose of 10 mg per kg every 2 weeks under this restriction.

Injection

11685B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	11	..	*8382.98	40.30	Bavencio [SG] (avelumab 200 mg/10 mL injection, 10 mL vial)

▪ **BEVACIZUMAB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4584

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

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with bevacizumab for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks, **AND**
- The treatment must not exceed a lifetime total of 18 cycles of bevacizumab for epithelial ovarian, fallopian tube or primary peritoneal cancer.

Injection

10114H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	11	..	*3206.74	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ **BEVACIZUMAB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4814

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

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be suboptimally debulked (maximum diameter of any gross residual disease greater than 1 cm) only if the patient presents with Stage IIIB or Stage IIIC disease, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The condition must be previously untreated, **AND**
- The treatment must be commenced in combination with platinum-based chemotherapy, **AND**
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks, **AND**
- The treatment must not exceed a lifetime total of 18 cycles of bevacizumab for epithelial ovarian, fallopian tube or primary peritoneal cancer.

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

Injection

10120P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	5	..	*3206.74	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial)

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

■ BEVACIZUMAB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6337

Advanced carcinoma of cervix

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a Gynaecologic Oncology Group (GOG) performance status of 0 or 1, **AND**
- The condition must not be amenable to curative treatment with surgery; OR
- The condition must not be amenable to curative radiation therapy, **AND**
- The condition must be previously untreated with this drug, **AND**
- Patient must not have received prior chemotherapy; OR
- Patient must have received prior chemotherapy with radiation therapy, **AND**
- The treatment must be in combination with platinum-based chemotherapy plus paclitaxel.

Advanced carcinoma of the cervix is defined as persistent carcinoma, recurrent carcinoma or metastatic carcinoma of the cervix.

The patient's Gynaecologic Oncology Group (GOG) 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)

6353

Advanced carcinoma of cervix

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with platinum-based chemotherapy plus paclitaxel.

Advanced carcinoma of the cervix is defined as persistent carcinoma, recurrent carcinoma or metastatic carcinoma of the cervix.

Injection

10885X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	7	..	*6288.66	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

■ BEVACIZUMAB

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

Relapsed or recurrent glioblastoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed glioblastoma, **AND**
- Patient must have radiologic evidence of evaluable disease, **AND**
- Patient must have evidence of symptomatic progression, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, temozolomide, **AND**
- Patient must not receive more than 8 weeks of treatment per initial treatment course authorised under this restriction, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- Patient must not have received prior treatment with this drug for this condition, **AND**
- The treatment must not exceed a dose of 10 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 15 mg per kg every 3 weeks.

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

(1) a completed authority prescription form;

(2) a completed Glioblastoma PBS Authority Application - Supporting Information Form, which includes the following:

(a) evidence of confirmed glioblastoma confirmed by radiology report; and

(b) confirmation that the patient has failed to achieve an adequate response to, or is intolerant to, temozolomide.

Symptomatic progression is defined as:

- i) Deterioration of neurologic function which may include motor dysfunction, seizures, lack of co-ordination, changes to personality, reduced ability to communicate, neurocognitive decline; OR
- ii) Increasing symptoms of raised intracranial pressure which may include headache, nausea, vomiting or poorly controlled vasogenic oedema.

Injection

11727F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	3	..	*6288.66	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ **BEVACIZUMAB**

Note Special Pricing Arrangements apply.

Authority required

Relapsed or recurrent glioblastoma

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have confirmed glioblastoma, **AND**
- Patient must have had radiologic evidence of evaluable disease at the time non-PBS subsidised treatment with this drug for this condition was initiated, **AND**
- Patient must have had evidence of symptomatic progression at the time non-PBS subsidised treatment with this drug for this condition was initiated, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, temozolomide, **AND**
- Patient must have been receiving non-PBS subsidised treatment with this drug for this condition prior to 1 August 2019, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less at the time non-PBS subsidised treatment with this drug for this condition was initiated, **AND**
- Patient must not have developed further symptomatic progression while being treated with this drug for this condition, **AND**
- The treatment must not exceed a dose of 10 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 15 mg per kg every 3 weeks.

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;
- (2) a completed Glioblastoma PBS Authority Application - Supporting Glioblastoma Information Form, which includes the following:
 - (a) evidence of confirmed glioblastoma confirmed by radiology report; and
 - (b) confirmation that the patient has failed to achieve an adequate response to, or is intolerant to, temozolomide.

Symptomatic progression is defined as:

- i) Deterioration of neurologic function which may include motor dysfunction, seizures, lack of co-ordination, changes to personality, reduced ability to communicate, neurocognitive decline; OR
- ii) Increasing symptoms of raised intracranial pressure which may include headache, nausea, vomiting or poorly controlled vasogenic oedema.

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

Prescribing information (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

Relapsed or recurrent glioblastoma

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 developed further symptomatic progression while being treated with this drug for this condition, **AND**
- The treatment must not exceed a dose of 10 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 15 mg per kg every 3 weeks.

Symptomatic progression is defined as:

- i) Deterioration of neurologic function which may include motor dysfunction, seizures, lack of co-ordination, changes to personality, reduced ability to communicate, neurocognitive decline; OR
- ii) Increasing symptoms of raised intracranial pressure which may include headache, nausea, vomiting or poorly controlled vasogenic oedema.

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).

Injection

11731K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	5	..	*6288.66	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

■ BEVACIZUMAB

Authority required (STREAMLINED)

4594

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be previously untreated, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

4587

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with bevacizumab for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

4939

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
- Patient must be previously treated with PBS-subsidised first-line anti-EGFR antibodies, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be in combination with second-line chemotherapy, **AND**
- The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

4968

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with second-line chemotherapy, **AND**
- The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

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

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

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

Injection

7243F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	11	..	*3206.74	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ **BLINATUMOMAB**

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome, neurological toxicities and reactivation of John Cunningham virus (JC) viral infection.

Note No 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 Programs

Reply Paid 9826

HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia (ALL)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, **AND**
- The condition must not be present in the central nervous system or testis, **AND**
- The condition must be Philadelphia chromosome negative, **AND**
- Patient must have received intensive combination chemotherapy for initial treatment of ALL or for subsequent salvage therapy, **AND**
- Patient must not have received more than 1 line of salvage therapy, **AND**
- The condition must have more than 5% blasts in bone marrow, **AND**
- The treatment must not be more than 2 treatment cycles under this restriction in a lifetime.

According to the TGA-approved Product Information, hospitalisation is recommended at minimum for the first 9 days of the first cycle and the first 2 days of the second cycle. For all subsequent cycle starts and re-initiation (e.g. if treatment is interrupted for 4 or more hours), supervision by a health care professional or hospitalisation is recommended.

An amount of 651 microgram will be sufficient for a continuous infusion of blinatumomab over 28 days in cycle 1. An amount of 784 microgram, which may be obtained under Induction treatment - balance of supply restriction, will be sufficient for a continuous infusion of blinatumomab over 28 days in cycle 2.

Blinatumomab is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

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

- (1) a completed authority prescription form;
- (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and
- (3) date of most recent chemotherapy, and if this was the initial chemotherapy regimen or salvage therapy, including what line of salvage; and
- (4) a copy of the most recent bone marrow biopsy report of no more than one month old at the time of application.

Injection

11116C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	651 mcg	..	..	*70815.38	40.30	Blincyto [AN] (blinatumomab 38.5 microgram injection [1 vial] (&) inert substance solution [10 mL vial], 1 pack)

▪ **BLINATUMOMAB**

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome, neurological toxicities and reactivation of John Cunningham virus (JC) viral infection.

Note No 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 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

Acute lymphoblastic leukaemia (ALL)

Treatment Phase: Induction treatment - balance of supply

Clinical criteria:

- The condition must be relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, **AND**
- The condition must not be present in the central nervous system or testis, **AND**
- The condition must be Philadelphia chromosome negative, **AND**
- Patient must have received insufficient therapy with this agent for this condition under the Induction treatment restriction to complete a maximum of 2 treatment cycles in a lifetime.

According to the TGA-approved Product Information, hospitalisation is recommended at minimum for the first 9 days of the first cycle and the first 2 days of the second cycle. For all subsequent cycle starts and re-initiation (e.g. if treatment is interrupted for 4 or more hours), supervision by a health care professional or hospitalisation is recommended.

An amount of 784 mcg will be sufficient for a continuous infusion of blinatumomab over 28 days in cycle 2.
Blinatumomab is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

Injection

11119F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	784 mcg	..	..	*82597.14	40.30	Blinicyto [AN] (blinatumomab 38.5 microgram injection [1 vial] (&) inert substance solution [10 mL vial], 1 pack)

■ BLINATUMOMAB

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome, neurological toxicities and reactivation of John Cunningham virus (JC) viral infection.

Note No 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 A complete remission is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a full recovery of peripheral blood counts with platelets of greater than 100,000 per microliter, and absolute neutrophil count (ANC) of greater than 1,000 per microliter.

Note A complete remission with partial haematological recovery is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a partial recovery of peripheral blood counts with platelets of greater than 50,000 per microliter, and absolute neutrophil count (ANC) of greater than 500 per microliter.

Note Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time when an assessment is required must cease PBS-subsidised therapy with this agent.

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

Acute lymphoblastic leukaemia (ALL)

Treatment Phase: Consolidation treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised induction treatment with this drug for this condition, **AND**
- Patient must have achieved a complete remission; OR
- Patient must have achieved a complete remission with partial haematological recovery, **AND**
- The treatment must not be more than 3 treatment cycles under this restriction in a lifetime, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Injection

11115B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	784 mcg	2	..	*82597.14	40.30	Blinicyto [AN] (blinatumomab 38.5 microgram injection [1 vial] (&) inert substance solution [10 mL vial], 1 pack)

■ BRENTUXIMAB VEDOTIN

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

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

Note Special Pricing Arrangements apply.

Authority required

CD30 positive systemic anaplastic large cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must not have progressive disease, **AND**
- Patient must have previously been issued with an authority prescription for this drug.
The treatment must not exceed a lifetime total of 16 cycles.

Injection

10180T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*19999.22	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

■ BRENTUXIMAB VEDOTIN

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

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

Note Special Pricing Arrangements apply.

Authority required

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have undergone a primary autologous stem cell transplant (ASCT) for this condition, **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, **AND**
- Patient must not receive more than 12 cycles of treatment under this restriction.

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)
The treatment must not exceed a total of 16 cycles in a lifetime

Injection

11067L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*19999.22	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

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

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

Note Special Pricing Arrangements apply.

Authority required

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must not have undergone an autologous stem cell transplant (ASCT) for this condition, **AND**
- Patient must not be suitable for ASCT for this condition; OR
- Patient must not be suitable for treatment with multi-agent chemotherapy for this condition, **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, **AND**
- Patient must not receive more than 12 cycles of treatment under this restriction.

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)

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

Injection

11086L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*19999.22	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

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

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

Applications for authority to prescribe should be forwarded to:

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

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

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

Note Special Pricing Arrangements apply.

Authority required

CD30 positive systemic anaplastic large cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be for curative intent, **AND**
- Patient must have undergone appropriate prior front-line curative intent chemotherapy, **AND**
- Patient must demonstrate relapsed or chemotherapy-refractory disease.

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

- a completed authority prescription form; and
- a completed Systemic anaplastic large cell lymphoma Brentuximab PBS Authority Application - Supporting Information Form which includes the following:
 - a histology report including evidence of the tumour's CD30 positivity;
 - The date of initial diagnosis of systemic anaplastic large cell lymphoma;
 - Dates of commencement and completion of front-line curative intent chemotherapy; and
 - a declaration of whether the patient's disease is relapsed or refractory, and the date and means by which the patient's disease was assessed as being relapsed or refractory.

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

Injection

10172J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*19999.22	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ BRENTUXIMAB VEDOTIN

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

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

Applications for authority to prescribe should be forwarded to:

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have undergone an autologous stem cell transplant (ASCT) for this condition, **AND**
- Patient must not be suitable for ASCT for this condition; OR
- Patient must not be suitable for treatment with multi-agent chemotherapy for this condition, **AND**
- Patient must have experienced a relapsed CD30+ Hodgkin lymphoma following at least two prior treatments for this condition; OR
- Patient must have experienced a refractory CD30+ Hodgkin lymphoma following at least two prior treatments for this condition, **AND**
- Patient must not receive more than 4 cycles of treatment under this restriction.

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

- a completed authority prescription form;
- a completed Hodgkin lymphoma brentuximab PBS Authority Application; and
- a signed patient acknowledgement.

Injection

11080E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*19999.22	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ BRENTUXIMAB VEDOTIN

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

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

Applications for authority to prescribe should be forwarded to:

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have undergone a primary autologous stem cell transplant (ASCT), **AND**
- Patient must have experienced a relapsed CD30+ Hodgkin lymphoma post ASCT; OR
- Patient must have experienced a refractory CD30+ Hodgkin lymphoma post ASCT, **AND**
- Patient must not receive more than 4 cycles of treatment under this restriction.

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

- a completed authority prescription form;
- a completed Hodgkin lymphoma brentuximab PBS Authority Application; and
- a signed patient acknowledgement.

Injection

11089P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*19999.22	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ BRENTUXIMAB VEDOTIN

Note No 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

CD30 positive cutaneous T-cell lymphoma
 Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have pathologically confirmed CD30 positive cutaneous T-cell lymphoma, **AND**
- Patient must have CD30 positivity of at least 3% of malignant cells, **AND**
- Patient must have a diagnosis of mycosis fungoides; OR
- Patient must have a diagnosis of Sezary syndrome; OR
- Patient must have a diagnosis of primary cutaneous anaplastic large cell lymphoma, **AND**
- Patient must have received prior systemic treatment for this condition, **AND**
- The condition must be relapsed or refractory, **AND**
- The treatment must not exceed 4 cycles under this restriction, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

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

- (a) a completed authority prescription form; and
- (b) a completed Cutaneous T-cell lymphoma (CTCL) Brentuximab vedotin PBS Authority Application Supporting Information Form which includes the following:
 - (i) Evidence of a diagnosis of either mycosis fungoides, Sezary syndrome or primary cutaneous anaplastic large cell lymphoma; and
 - (ii) Evidence of CD30 positivity of at least 3% of malignant cells, either from a histology report on the tumour sample or from a flow cytometric analysis of lymphoma cells of the blood; and
 - (iii) Date of commencement and completion of the most recent prior systemic treatment.

Injection

11651F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	180 mg	3	..	*19999.22	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

Note No 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 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

CD30 positive 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 have achieved an objective response with this drug, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The treatment must not exceed 12 cycles under this restriction.

An objective response is defined as the demonstration of response by clinical observation of skin lesions, or response by positron-emission tomography (PET) and/or computed tomography (CT) standard criteria.

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

Injection

11661R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	180 mg	11	..	*19999.22	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **CETUXIMAB**

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

Authority required (STREAMLINED)

4788

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

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with radiotherapy, **AND**
- Patient must be unable to tolerate cisplatin; OR
- Patient must have a contraindication to cisplatin according to the TGA-approved Product Information.

Injection

7240C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	5	..	*1898.65	40.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

■ CETUXIMAB

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

Authority required (STREAMLINED)**4794**

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

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be for the week prior to radiotherapy, **AND**
- Patient must have a contraindication to cisplatin according to the TGA-approved Product Information.

Authority required (STREAMLINED)**4785**

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

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with radiotherapy, **AND**
- Patient must be unable to tolerate cisplatin.

Injection

7223E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	880 mg	..	..	*2785.57	40.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

■ CETUXIMAB

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)**4965**

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
 - Patient must have a WHO performance status of 2 or less, **AND**
 - The condition must have failed to respond to first-line chemotherapy, **AND**
 - The treatment must be as monotherapy; OR
 - The treatment must be in combination with chemotherapy, **AND**
 - The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.
- Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab.
Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab.

Authority required (STREAMLINED)**4908**

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must be previously untreated, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

Injection

7242E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	880 mg	..	..	*2785.57	40.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ **CETUXIMAB**

Note Special Pricing Arrangements apply.

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

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

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

Authority required (STREAMLINED)

4912

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for first-line treatment of RAS wild-type metastatic colorectal cancer, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

Injection

10265G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	18	..	*1898.65	40.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ **CETUXIMAB**

Note Special Pricing Arrangements apply.

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

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

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

Authority required (STREAMLINED)

4945

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

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

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

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

Injection

7273T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	11	..	*1898.65	40.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ **INOTUZUMAB OZOGAMICIN**

Caution Careful monitoring of patients is required due to risk of developing hepatotoxicity, including life-threatening hepatic veno-occlusive disease, and the increased risk of post-haematopoietic stem cell transplant non-relapse mortality observed in patients treated with inotuzumab.

Note No 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 A complete remission is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a full recovery of peripheral blood counts with platelets of greater than 100,000 per microliter, and absolute neutrophil count (ANC) of greater than 1,000 per microliter.

Note A complete remission with partial haematological recovery is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a partial recovery of peripheral blood counts with platelets of greater than 50,000 per microliter, and absolute neutrophil count (ANC) of greater than 500 per microliter.

Note Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time when an assessment is required must cease PBS-subsidised therapy with this agent.

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

Acute lymphoblastic leukaemia (ALL)
Treatment Phase: Consolidation treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised induction treatment with this drug for this condition, **AND**
 - Patient must have achieved a complete remission; OR
 - Patient must have achieved a complete remission with partial haematological recovery, **AND**
 - The treatment must not be more than 5 treatment cycles under this restriction in a lifetime, **AND**
 - Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug. This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.
- The treatment must not exceed 0.5mg per m² for all doses within a treatment cycle
Treatment with this drug for this condition must not exceed 6 treatment cycles in a lifetime.

Injection

11668D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2820 mcg	4	..	*40003.13	40.30	Besponsa [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)

▪ **INOTUZUMAB OZOGAMICIN**

Caution Careful monitoring of patients is required due to risk of developing hepatotoxicity, including life-threatening hepatic veno-occlusive disease, and the increased risk of post-haematopoietic stem cell transplant non-relapse mortality observed in patients treated with inotuzumab.

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

Note Special Pricing Arrangements apply.

Note A complete remission is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a full recovery of peripheral blood counts with platelets of greater than 100,000 per microliter, and absolute neutrophil count (ANC) of greater than 1,000 per microliter.

Note A complete remission with partial haematological recovery is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a partial recovery of peripheral blood counts with platelets of greater than 50,000 per microliter, and absolute neutrophil count (ANC) of greater than 500 per microliter.

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

Note An increase in the maximum number of repeats of up to 2 will be allowed for completion of induction therapy.

Note An increase in the maximum number of repeats of up to 4 will be allowed for completion of consolidation therapy.

Authority required

Acute lymphoblastic leukaemia (ALL)
Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have a documented history of relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, **AND**
 - Patient must have a documented history of receiving intensive combination chemotherapy for initial treatment of ALL or for subsequent salvage therapy, **AND**
 - Patient must not have received more than 2 lines of salvage therapy, **AND**
 - The condition must be Philadelphia chromosome negative, **AND**
 - The condition must be CD22-positive, **AND**
 - Patient must have a documented history of more than 5% blasts in bone marrow, **AND**
 - Patient must have received treatment with this drug for this condition prior to 1 May 2019, **AND**
 - Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug. This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.
- A patient may qualify for PBS-subsidised treatment under this restriction once only.
Treatment with this drug for this condition must not exceed 6 treatment cycles in a lifetime.
Patients who have received up to three treatment cycles as induction therapy with this drug for this condition prior to 1 May 2019 must have achieved a complete remission or a complete remission with partial haematological recovery in order to continue with PBS-subsidised treatment with this drug.
Patients who have received at least one treatment cycle as consolidation therapy with this drug for this condition prior to 1 May 2019 must have achieved a complete remission or a complete remission with partial haematological recovery in order to continue with PBS-subsidised treatment with this drug.
Patients who fail to demonstrate a complete remission (CR) or complete remission with incomplete haematological recovery (CRI) after 3 cycles of PBS-subsidised treatment with this agent must cease PBS-subsidised treatment with this agent.
The authority application must be made in writing and must include:

- (1) a completed authority prescription form;
- (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and
- (3) evidence that the condition is CD22-positive; and
- (4) date of most recent inotuzumab ozogamicin dose, if this was for induction or consolidation therapy, and how many treatment cycle(s) of PBS-subsidised inotuzumab ozogamicin will be required for completion of induction or consolidation therapy; and
- (5) date of latest chemotherapy prior to receiving non-PBS subsidised inotuzumab ozogamicin, and if it was the initial chemotherapy regimen or for salvage therapy and what line of salvage; and
- (6) a copy of bone marrow biopsy report prior to receiving non-PBS subsidised inotuzumab ozogamicin.

Injection

11689F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3384 mcg	1	..	*53295.90	40.30	Besponsa [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)

■ INOTUZUMAB OZOGAMICIN

Caution Careful monitoring of patients is required due to risk of developing hepatotoxicity, including life-threatening hepatic veno-occlusive disease, and the increased risk of post-haematopoietic stem cell transplant non-relapse mortality observed in patients treated with inotuzumab.

Note No 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 are eligible to receive a loading dose for the first dose of a treatment cycle while receiving induction treatment. Two prescriptions are required, the first prescription for the loading dose at a dose no higher than 0.8mg per m², and the second prescription for two doses at a dose no higher than 0.5mg per m². Both prescriptions must be submitted with the initial application.

Note Once a patient achieves complete remission or complete remission with partial haematological recovery, a new prescription must be written under the consolidation treatment phase.

Note A complete remission is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a full recovery of peripheral blood counts with platelets of greater than 100,000 per microliter, and absolute neutrophil count (ANC) of greater than 1,000 per microliter.

Note A complete remission with partial haematological recovery is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a partial recovery of peripheral blood counts with platelets of greater than 50,000 per microliter, and absolute neutrophil count (ANC) of greater than 500 per microliter.

Note Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time when an assessment is required must cease PBS-subsidised therapy with this agent.

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

Prescribing information (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

Acute lymphoblastic leukaemia (ALL)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, **AND**
- Patient must have received intensive combination chemotherapy for initial treatment of ALL or for subsequent salvage therapy, **AND**
- Patient must not have received more than 1 line of salvage therapy, **AND**
- The condition must be Philadelphia chromosome negative, **AND**
- The condition must be CD22-positive, **AND**
- The condition must have more than 5% blasts in bone marrow, **AND**
- The treatment must not be more than 3 treatment cycles under this restriction in a lifetime.

This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

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

- (1) two completed authority prescription forms;
 - (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and
 - (3) evidence that the condition is CD22-positive; and
 - (4) date of most recent chemotherapy, and if this was the initial chemotherapy regimen or salvage therapy, including what line of salvage; and
 - (5) a copy of the most recent bone marrow biopsy report of no more than one month old at the time of application.
- The treatment must not exceed 0.8mg per m² for the first dose of a treatment cycle (Day 1), and 0.5mg per m² for subsequent doses (Days 8 and 15) within a treatment cycle.
- Treatment with this drug for this condition must not exceed 6 treatment cycles in a lifetime.

Injection

11673J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3384 mcg	2	..	*53295.90	40.30	Besponsa [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)

■ IPILIMUMAB

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)**8569**

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- Patient must have received less than 4 doses of combined therapy with ipilimumab and nivolumab as induction therapy for this condition prior to 1 March 2019, **AND**
- The condition must be classified as intermediate to poor risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- Patient must have had a WHO performance status of 2 or less prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- The condition must not have previously been treated prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- The treatment must be in combination with PBS-subsidised-treatment with nivolumab as induction for this condition, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction 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.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

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

Injection

11647B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	2	..	*17238.86	40.30	Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 10 mL vial)

■ IPILIMUMAB

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)**8555**

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must not have previously been treated, **AND**
- The condition must be classified as intermediate to poor 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 in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

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

Injection

11644W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	3	..	*17238.86	40.30	Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 10 mL vial)

■ IPILIMUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6562

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior treatment with ipilimumab, **AND**
- The treatment must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Note For patients who commence therapy with ipilimumab:

- Decisions concerning efficacy should await completion of the entire induction regimen (four doses) and should be made in conjunction with established criteria for immunological responses. However induction may be ceased or delayed if symptomatic progressive disease or intolerable adverse events occur and if, in the opinion of the clinician, continuation of treatment poses a risk to the patient;
- Tumour responses may occur beyond the initial 12 week induction phase and evaluation for potential later responses should be undertaken regularly for the first year.

Authority required (STREAMLINED)**6585**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Re-induction treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have progressive disease after achieving an initial objective response to the most recent course of ipilimumab treatment (induction or re-induction), **AND**
- The treatment must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. An initial objective response to treatment is defined as either:
 - sustained stable disease of greater than or equal to 3 months duration measured from at least 2 weeks after the date of completion of the most recent course of ipilimumab; or
 - a partial or complete response.

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

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

Authority required (STREAMLINED)**8206**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)**8142**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor); OR
- Patient must be contraindicated to treatment with a BRAF inhibitor according to the TGA approved Product Information; OR
- Patient must have developed intolerance to a BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

8178

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must have received combined therapy with ipilimumab and nivolumab as induction for this condition prior to 1 December 2018, **AND**
- Patient must not have previously received treatment with ipilimumab or a programmed cell death factor 1 (PD-1) inhibitor prior to initiating combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 prior to initiating treatment with this drug for this condition, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

8180

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor); OR
- Patient must be contraindicated to treatment with a BRAF inhibitor according to the TGA approved Product Information; OR
- Patient must have developed intolerance to a BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have received combined therapy with ipilimumab and nivolumab as induction for this condition prior to 1 December 2018, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 prior to initiating treatment with this drug for this condition, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

Injection

2638W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	3	..	*45762.26	40.30	Yervoy [BQ] (ipilimumab 200 mg/40 mL injection, 40 mL vial) Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 10 mL vial)

▪ **NIVOLUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8552

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 not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Injection

11157F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8568

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Maintenance treatment

Clinical criteria:

- Patient must have previously received of up to maximum 4 doses of PBS-subsidised combined therapy with nivolumab and ipilimumab as induction for this condition, **AND**
- The treatment must be as monotherapy for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

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

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

Injection

11626X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6111

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed a maximum dose of 3 mg per kg every 2 weeks.

Authority required (STREAMLINED)

8143

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Maintenance treatment

Clinical criteria:

- Patient must have previously received of up to maximum 4 doses of PBS-subsidised combined therapy with nivolumab and ipilimumab as induction for this condition, **AND**
- The treatment must be as monotherapy for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

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

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

Injection

10748Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7567

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition, **AND**
 - Patient must have a WHO performance status of 0 or 1, **AND**
 - The treatment must be the sole PBS subsidised treatment for this condition, **AND**
 - The condition must have progressed on or after prior platinum based chemotherapy.
- The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Injection

11143L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	8	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)**6999**

Locally advanced or metastatic non-small cell lung 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 treatment for this condition, **AND**
- Patient must have stable or responding disease.

Authority required (STREAMLINED)**6997**

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have received treatment with this drug for this condition prior to 1 August 2017, **AND**
 - The treatment must be the sole PBS subsidised treatment for this condition, **AND**
 - Patient must have stable or responding disease, **AND**
 - Patient must have a WHO performance status of 0 or 1.
- 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.

Injection

11152Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)**7864**

Recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx

Treatment Phase: Initial treatment

Clinical criteria:

- 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 condition must have progressed within 6 months of the last dose of prior platinum based chemotherapy, **AND**
 - Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor for this condition.
- The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Injection

11434T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	8	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6095

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment 1

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor) unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 9 doses at a maximum dose of 3 mg per kg every 2 weeks.

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

Authority required (STREAMLINED)

6070

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment 2

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 9 doses at a maximum dose of 3 mg per kg every 2 weeks.

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

Injection

10775D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	8	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

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

Note Special Pricing Arrangements apply.

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

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)

8581

Stage IV clear cell variant renal cell carcinoma (RCC)

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 progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor; OR
- Patient must have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition.

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

Injection

11159H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	8	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7787

Recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx

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

Authority required (STREAMLINED)**7802**

Recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 August 2018, **AND**
- Patient must have had a WHO performance status of 0 or 1, **AND**
- The condition must have progressed within 6 months of the last dose of prior platinum based chemotherapy, prior to commencing non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving non-PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy 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.

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

Injection

11425H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)**8573**

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must not have previously been treated, **AND**
- The condition must be classified as intermediate to poor 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 in combination with PBS-subsidised treatment with ipilimumab as induction for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Injection

11627Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	3	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)**8571**

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Grandfather patients

Clinical criteria:

- Patient must have received less than 4 doses of combined therapy with ipilimumab and nivolumab as induction therapy for this condition prior to 1 March 2019; OR
 - Patient must have received monotherapy with nivolumab as maintenance for this condition prior to 1 March 2019, **AND**
 - The condition must be classified as intermediate to poor risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
 - Patient must have had a WHO performance status of 2 or less prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
 - The condition must not have previously been treated prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
 - Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition; OR
 - Patient must not have developed disease progression while being treated with monotherapy with nivolumab as maintenance for this condition, **AND**
 - The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition; OR
 - The treatment must be as monotherapy as maintenance for this condition.
- Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. Maintenance treatment with nivolumab must not exceed a maximum dose of 3 mg per kg every 2 weeks. 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 patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Injection

11635J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	2	..	*7705.78	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8182

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Authority required (STREAMLINED)

8141

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor); OR
- Patient must be contraindicated to treatment with a BRAF inhibitor according to the TGA approved Product Information; OR
- Patient must have developed intolerance to a BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Authority required (STREAMLINED)

8146

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must have received combined therapy with ipilimumab and nivolumab as induction for this condition prior to 1 December 2018; OR
- Patient must have received monotherapy with nivolumab as maintenance for this condition prior to 1 December 2018, **AND**
- Patient must not have previously received treatment with ipilimumab or a programmed cell death factor 1 (PD-1) inhibitor prior to initiating combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition; OR
- Patient must not have developed disease progression while being treated with monotherapy with nivolumab as maintenance for this condition, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 prior to initiating treatment with this drug for this condition, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition; OR
- The treatment must be as monotherapy as maintenance for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

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

Authority required (STREAMLINED)**8220**

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor); OR
- Patient must be contraindicated to treatment with a BRAF inhibitor according to the TGA approved Product Information; OR
- Patient must have developed intolerance to a BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have received combined therapy with ipilimumab and nivolumab as induction for this condition prior to 1 December 2018; OR
- Patient must have received monotherapy with nivolumab as maintenance for this condition prior to 1 December 2018, **AND**
- Patient must not have previously received treatment with ipilimumab or a programmed cell death factor 1 (PD-1) inhibitor prior to initiating combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition; OR
- Patient must not have developed disease progression while being treated with monotherapy with nivolumab as maintenance for this condition, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 prior to initiating treatment with this drug for this condition, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition; OR
- The treatment must be as monotherapy as maintenance for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

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

Injection

11532Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	3	..	*2651.81	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ OBINUTUZUMAB

Note No 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 II bulky or Stage III/IV follicular lymphoma
Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have previously received PBS subsidised treatment with this drug under the previously untreated initial restriction; OR
- Patient must have previously received PBS subsidised treatment with this drug under the previously untreated grandfather restriction, **AND**
- The condition must be CD20 positive, **AND**
- Patient must have demonstrated a partial or complete response to PBS subsidised induction treatment with this drug for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- The treatment must not exceed 12 doses or 2 years duration of treatment, whichever comes first, under this restriction, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Injection

11455X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*5491.92	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OBINUTUZUMAB**

Note No 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

Follicular lymphoma
Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have previously received PBS subsidised treatment with this drug under the rituximab refractory initial restriction; OR
- Patient must have previously received PBS subsidised treatment with this drug under the rituximab refractory grandfather restriction, **AND**
- The condition must be CD20 positive, **AND**
- The condition must have been refractory to treatment with rituximab, **AND**
- Patient must have demonstrated a partial or complete response to PBS subsidised re-induction treatment with this drug for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- The treatment must not exceed 12 doses or 2 years duration of treatment, whichever comes first, under this restriction, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Injection

11473W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*5491.92	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OBINUTUZUMAB**

Note No 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 II bulky or Stage III/IV follicular lymphoma
Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be CD20 positive, **AND**
 - The condition must be previously untreated, **AND**
 - The condition must be symptomatic, **AND**
 - The treatment must be for induction treatment purposes only, **AND**
 - The treatment must be in combination with chemotherapy, **AND**
 - The treatment must not exceed 10 doses for induction treatment with this drug for this condition.
- A patient may only qualify for PBS subsidised initiation treatment once in a lifetime under:
- i) the previously untreated induction treatment restriction; or
 - ii) the rituximab-refractory re-induction restriction; or

- iii) the previously untreated grandfather restriction; or
- iv) the rituximab-refractory grandfather restriction.

Authority required

Stage II bulky or Stage III/IV follicular lymphoma

Treatment Phase: Grandfather treatment - previously untreated setting

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 October 2018, **AND**
- The condition must be CD20 positive, **AND**
- The condition must have been untreated prior to initiating non-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, **AND**
- The treatment must be in combination with chemotherapy for induction treatment, **AND**
- The treatment must not exceed 10 doses for induction treatment with this drug for this condition; OR
- Patient must have demonstrated a partial or complete response to induction treatment with this drug for this condition for maintenance treatment, **AND**
- The treatment must be the sole PBS subsidised treatment for maintenance treatment; AND
- The treatment must not exceed 12 doses or 2 years duration of maintenance treatment, whichever comes first.

A patient may only qualify for PBS subsidised initiation treatment once in a lifetime under:

- i) the previously untreated induction treatment restriction; or
- ii) the rituximab-refractory re-induction restriction; or
- iii) the previously untreated grandfather restriction; or
- iv) the rituximab-refractory grandfather restriction.

Injection

11456Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	9	..	*5491.92	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

OBINUTUZUMAB

Note No 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

Follicular lymphoma

Treatment Phase: Re-induction treatment

Clinical criteria:

- Patient must not have previously received PBS subsidised obinutuzumab, **AND**
- The condition must be CD20 positive, **AND**
- The condition must be refractory to treatment with rituximab for this condition, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for re-induction treatment purposes only, **AND**
- The treatment must be in combination with bendamustine, **AND**
- The treatment must not exceed 8 doses for re-induction treatment with this drug for this condition.

The condition is considered rituximab-refractory if the patient experiences less than a partial response or progression of disease within 6 months after completion of a prior rituximab-containing regimen.

A patient may only qualify for PBS subsidised initiation treatment once in a lifetime under:

- i) the previously untreated induction treatment restriction; or
- ii) the rituximab-refractory re-induction restriction; or
- iii) the previously untreated grandfather restriction; or
- iv) the rituximab-refractory grandfather restriction.

Authority required

Follicular lymphoma

Treatment Phase: Grandfather treatment - rituximab refractory

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 October 2018, **AND**
 - The condition must be CD20 positive, **AND**
 - The condition must have been refractory to treatment with rituximab prior to initiating non-PBS treatment this drug for this condition, **AND**
 - Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
 - The treatment must be in combination with bendamustine for re-induction treatment, **AND**
 - The treatment must not exceed 8 doses for re-induction treatment with this drug for this condition; OR
 - Patient must have demonstrated a partial or complete response to re-induction treatment with this drug for this condition, **AND**
 - The treatment must be the sole PBS subsidised treatment for maintenance treatment; AND
 - The treatment must not exceed 12 doses or 2 years duration of maintenance treatment, whichever comes first.
- The condition is considered rituximab-refractory if the patient experiences less than a partial response or progression of disease within 6 months after completion of a prior rituximab-containing regimen.

A patient may only qualify for PBS subsidised initiation treatment once in a lifetime under:

- i) the previously untreated induction treatment restriction; or
- ii) the rituximab-refractory re-induction restriction; or
- iii) the previously untreated grandfather restriction; or
- iv) the rituximab-refractory grandfather restriction.

Injection

11460E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	7	..	*5491.92	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OBINUTUZUMAB**

Note No 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 Obinutuzumab is not to be used as monotherapy or in combination with anti-cancer drugs other than chlorambucil.

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

Authority required (STREAMLINED)

8184

Chronic lymphocytic leukaemia (CLL)

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The condition must be previously untreated, **AND**
- Patient must be inappropriate for fludarabine based chemo-immunotherapy, **AND**
- The treatment must be in combination with chlorambucil, **AND**
- Patient must have a creatinine clearance 30 mL/min or greater, **AND**
- Patient must have a total cumulative illness rating scale (CIRS) score of greater than 6 (excluding CLL-induced illness or organ damage); OR
- Patient must have a creatinine clearance less than 70 mL/min.

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

Injection

10418H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	7	..	*5491.92	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OFATUMUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4858

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Continuing treatment

Clinical criteria:

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

Injection

10237T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*3557.81	40.30	Arzerra [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial)

▪ **OFATUMUMAB**

Note An initial dose of 1300 mg of PBS-subsidised ofatumumab must be made up of 3 vials of 100 mg and 1 vial of 1000 mg.

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4828

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Initial treatment

Clinical criteria:

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

Injection

10239X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*3557.81	40.30	Arzerra [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial)

Injection

10240Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	..	..	*1154.72	40.30	Arzerra [NV] (ofatumumab 100 mg/5 mL injection, 3 x 5 mL vials)

■ PANITUMUMAB

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

Authority required (STREAMLINED)**5439**

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
 - Patient must have a WHO performance status of 2 or less, **AND**
 - The condition must have failed to respond to first-line chemotherapy, **AND**
 - The treatment must be as monotherapy; OR
 - The treatment must be in combination with chemotherapy, **AND**
 - The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.
- Patients who have progressive disease on cetuximab are not eligible to receive PBS-subsidised panitumumab. Patients who have developed intolerance to cetuximab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised panitumumab.

Authority required (STREAMLINED)**5447**

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for treatment of RAS wild-type metastatic colorectal cancer after failure of first-line chemotherapy, **AND**
 - Patient must not have progressive disease, **AND**
 - The treatment must be as monotherapy; OR
 - The treatment must be in combination with chemotherapy, **AND**
 - The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.
- Patients who have progressive disease on cetuximab are not eligible to receive PBS-subsidised panitumumab. Patients who have developed intolerance to cetuximab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised panitumumab.

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

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

Injection

10069Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	720 mg	5	..	*3970.90	40.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 20 mL vial)

■ PANITUMUMAB

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)**5526**

Metastatic colorectal cancer

Treatment Phase: Initial Treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
 - Patient must have a WHO performance status of 0 or 1, **AND**
 - The condition must be previously untreated, **AND**
 - The treatment must be in combination with first-line chemotherapy, **AND**
 - The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.
- Patients who have progressive disease on cetuximab are not eligible to receive PBS-subsidised panitumumab.

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

Authority required (STREAMLINED)

5452

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for panitumumab for first-line treatment of RAS wild-type metastatic colorectal cancer, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

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

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

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

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

Injection

10508C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	720 mg	9	..	*3970.90	40.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 20 mL vial)

▪ **PEMBROLIZUMAB**

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

9044

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed a maximum dose administered every 3 weeks fixed at 200 mg.

Injection

10424P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	7	..	*9169.70	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial) Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

▪ **PEMBROLIZUMAB**

Note Special Pricing Arrangements apply.

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

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

Authority required (STREAMLINED)

9178

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment 1

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor) unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 6 doses administered every 3 weeks, with each maximum dose fixed at 200 mg. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Authority required (STREAMLINED)

9127

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment 2

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 6 doses administered every 3 weeks, with each maximum dose fixed at 200 mg. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Injection

10475H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	5	..	*9169.70	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)
						Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

■ PEMBROLIZUMAB

Note No 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

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have undergone an autologous stem cell transplant (ASCT) for this condition and have experienced relapsed or refractory disease post ASCT; OR
- Patient must not be suitable for ASCT for this condition and have experienced relapsed or refractory disease following at least 2 prior treatments for this condition, **AND**
- Patient must not have received prior treatment with a PD-1 (programmed cell death-1) inhibitor for this condition, **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;
- (b) a completed Hodgkin lymphoma pembrolizumab PBS Authority 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

Relapsed or Refractory Hodgkin 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 develop disease progression while receiving PBS-subsidised treatment with this drug for this condition. The treatment must not exceed a total of 35 cycles in a lifetime.

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

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Initial treatment - Grandfathered patients

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with a programmed cell death 1 (PD-1) inhibitor for this condition prior to 1 May 2018, **AND**
- Patient must have undergone an autologous stem cell transplant (ASCT) for this condition and have experienced relapsed or refractory disease post ASCT prior to receiving treatment with a PD-1 inhibitor for this condition; OR
- Patient must not have been suitable for ASCT for this condition and have experienced relapsed or refractory disease following at least 2 prior treatments for this condition prior to receiving treatment with a PD-1 inhibitor for this condition, **AND**

AND

- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 35 cycles in a lifetime.

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.

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

- (a) a completed authority prescription form;
- (b) a completed Hodgkin lymphoma pembrolizumab PBS Authority Application for Grandfathered patients.

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

Injection

11352L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*9169.70	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)
						Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

▪ **PEMBROLIZUMAB**

Note No 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)

8563

Locally advanced (Stage III) or metastatic (Stage IV) urothelial cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised treatment for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy; OR
- The condition must have progressed on or within 12 months of completion of adjuvant platinum-containing chemotherapy following cystectomy for localised muscle-invasive urothelial cancer; OR
- The condition must have progressed on or within 12 months of completion of neoadjuvant platinum-containing chemotherapy prior to cystectomy for localised muscle-invasive urothelial cancer, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not exceed a total of 7 doses at a maximum dose of 200 mg every 3 weeks for this condition under this restriction.

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

Authority required (STREAMLINED)

8543

Locally advanced (Stage III) or metastatic (Stage IV) urothelial 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 treatment for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed 35 cycles in total or up to 24 months of treatment, at a dose of 200 mg every 3 weeks with this drug for this condition.

Authority required (STREAMLINED)

8542

Locally advanced (Stage III) or metastatic (Stage IV) urothelial cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have received non-PBS treatment with this drug for this condition prior to 1 March 2019, **AND**
- The treatment must be the sole PBS-subsidised treatment for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy prior to initiating treatment with this drug for this condition; OR
- The condition must have progressed on or within 12 months of completion of adjuvant platinum-containing chemotherapy following cystectomy for localised muscle-invasive urothelial cancer prior to initiating treatment with this drug for this condition; OR
- The condition must have progressed on or within 12 months of completion of neoadjuvant platinum-containing chemotherapy prior to cystectomy for localised muscle-invasive urothelial cancer prior to initiating treatment with this drug for this condition, **AND**
- Patient must have a WHO performance status of 2 or less prior to initiating treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed 35 cycles in total or up to 24 months of treatment, at a dose of 200 mg every 3 weeks with this drug for this condition.

Note Patients 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.

Injection

11632F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*9169.70	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

■ PEMBROLIZUMAB

Note No 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)

8122

Previously untreated Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously been treated for this condition in the metastatic setting, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must express programmed cell death ligand 1 (PD-L1) with a tumour score of at least 50% in the tumour sample; **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- The treatment must not exceed a total of 7 doses at a maximum dose of 200 mg every 3 weeks for this condition under this restriction.

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

Authority required (STREAMLINED)

8123

Previously untreated 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 November 2018, **AND**
- Patient must not have had been treated for this condition in the metastatic setting prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **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 condition must express programmed cell death ligand 1 (PD-L1) with a tumour score of at least 50% in the tumour sample prior to initiation of non-PBS subsidised treatment with this drug for this condition; **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- The treatment must not exceed 35 doses in total or up to 24 months of treatment, at a dose of 200 mg every 3 weeks, with this drug for this condition.

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

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

Note Following completion of the initial PBS subsidised course, further applications for treatment will be assessed under the continuing treatment restriction.

Authority required (STREAMLINED)

8124

Previously untreated Stage IV (metastatic) non-small cell lung cancer (NSCLC)

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, **AND**
- The treatment must be the sole PBS-subsidised treatment for this condition, **AND**
- The treatment must not exceed 35 doses in total or up to 24 months of treatment, at a dose of 200 mg every 3 weeks, with this drug for this condition.

Injection

11492W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*9169.70	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

▪ **PERTUZUMAB**

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority required

HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015; OR
- Patient must have received non-PBS-subsidised trastuzumab for this condition before 1 July 2015, **AND**
- Patient must not have received non-PBS-subsidised treatment with trastuzumab for this condition before 1 July 2014, **AND**
- Patient must not have received prior therapy with trastuzumab emtansine or lapatinib for this condition, **AND**
- The treatment must be in combination with trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

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

Injection

10268K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	1	..	*6355.58	40.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial)

▪ **PERTUZUMAB**

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- The treatment must be in combination with trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

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

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

Injection

10308M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	420 mg	3	..	*3240.20	40.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial)

■ PERTUZUMAB

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not have received prior anti-HER2 therapy for this condition, **AND**
- Patient must not have received prior chemotherapy for this condition, **AND**
- The treatment must be in combination with trastuzumab and a taxane, **AND**
- The treatment must not be in combination with nab-paclitaxel, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

(a) a completed authority prescription form; and

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

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

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

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

Injection

10334X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	..	..	*6355.58	40.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial)

■ 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).

Injection

7257Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	7	..	*2630.58	40.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ **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.

Injection

7258B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	7	..	*2630.58	40.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ **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.

Injection

7259C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	5	..	*2630.58	40.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ **RITUXIMAB**

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

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

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.

Injection

10193L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	11	..	*2630.58	40.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ **TRASTUZUMAB**

Authority required

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

Clinical criteria:

- Patient must commence treatment concurrently with adjuvant chemotherapy, **AND**
- Patient must have undergone surgery, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

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

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

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

Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

Clinical criteria:

- Patient must commence treatment concurrently with neoadjuvant chemotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

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

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

(a) a completed authority prescription form; and

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

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

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

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

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

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

Prescribing information (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

Injection

7264H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	500 mg	..	..	*1936.15	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ 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.

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

Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

Clinical criteria:

- Patient must commence treatment concurrently with neoadjuvant chemotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

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

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

(a) a completed authority prescription form; and

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

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

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

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

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

Prescribing information (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

Injection

7266K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3774.50	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ **TRASTUZUMAB**

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

Authority required

HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

Injection

10381J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	3	..	*3774.50	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ **TRASTUZUMAB**

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

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

Injection

10383L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2801.25	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ **TRASTUZUMAB**

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

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

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 not be in combination with nab-paclitaxel, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

(a) a completed authority prescription form; and

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

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

Injection

10402L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3774.50	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

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

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

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

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

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) positivity as demonstrated by immunohistochemistry 2+ or more in tumour material, **AND**
- Patient must have evidence of HER2 gene amplification as demonstrated by in situ hybridisation results based on more than 6 copies of HER2 in the same tumour tissue sample, **AND**
- Patient must have evidence of HER2 gene amplification as demonstrated by in situ hybridisation results based on the ratio of HER2 to chromosome 17 being more than 2 in the same tumour tissue sample, **AND**
- Patient must commence treatment in combination with cisplatin and capecitabine; OR
- Patient must commence treatment in combination with cisplatin and 5 fluorouracil, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- Patient must not have received prior chemotherapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

(a) a completed authority prescription form; and

(b) a completed Metastatic (Stage IV) HER2 positive adenocarcinoma of stomach or gastro-oesophageal junction authority application form which includes confirmation that the patient has Stage IV disease and a copy of the pathology report from an Approved Pathology Authority confirming evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated in tumour material by both (i) immunohistochemistry (IHC) 2+ or IHC 3+ AND (ii) in situ

hybridisation (ISH) results based on both more than 6 copies of HER2 AND the ratio of HER2: chromosome 17 being more than 2 in the same tumour tissue sample

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

Injection

10589H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3774.50	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

■ TRASTUZUMAB

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

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

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

Authority required

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

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

Injection

10597R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2801.25	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

■ TRASTUZUMAB

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

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

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Continuing treatment (weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **AND**
 - The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
 - Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.
- Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

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

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

Authority required

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**

- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

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

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

Injection

7265J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	9	..	*1071.05	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

■ TRASTUZUMAB

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

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

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

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

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

Authority required

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

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

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

Injection

7267L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2801.25	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

■ TRASTUZUMAB EMTANSINE

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015; OR
- Patient must have received non-PBS-subsidised trastuzumab for this condition before 1 July 2015; OR
- Patient must have received PBS-subsidised lapatinib for this condition before 1 July 2015, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

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

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

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**
- The condition must have progressed following treatment with pertuzumab and trastuzumab in combination; OR
- The condition must have progressed during or within 6 months of completing adjuvant therapy with trastuzumab, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

(a) a completed authority prescription form; and

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

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

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

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

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

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

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

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

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

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

The treatment must not exceed a lifetime total of one continuous course.

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

Injection

10281D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	8	..	*7788.50	40.30	Kadcyla [RO] (trastuzumab emtansine 100 mg injection, 1 vial) Kadcyla [RO] (trastuzumab emtansine 160 mg injection, 1 vial)

Other antineoplastic agents

■ ARSENIC

Authority required (STREAMLINED)

6018

Acute promyelocytic leukaemia

Treatment Phase: Induction and consolidation treatment

Clinical criteria:

- The condition must be characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript.

Injection

10699D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	18 mg	140	..	*856.42	40.30	Phenasen [FF] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)

■ ARSENIC

Authority required (STREAMLINED)

4793

Acute promyelocytic leukaemia

Treatment Phase: Induction and consolidation treatment

Clinical criteria:

- The condition must be characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript, **AND**
- The condition must be relapsed, **AND**
- Patient must be arsenic naive at induction.

Authority required (STREAMLINED)

5997

Acute promyelocytic leukaemia

Clinical criteria:

- The condition must be characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript.

Injection

7241D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	18 mg	89	..	*856.42	40.30	Phenasen [FF] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)

■ BORTEZOMIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7962

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; **OR**
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have previously received 8 treatment cycles of bortezomib for progressive disease, **AND**
- Patient must have demonstrated at the completion of cycle 8 at least a partial response to bortezomib, **AND**
- Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**
- Patient must not have a gap of more than 10 months between the initial PBS-subsidised treatment with this drug for this condition and continuing PBS-subsidised treatment with this drug for this condition following completion of 8 treatment cycles, **AND**
- Patient must not receive more than 3 cycles of bortezomib under this restriction.

Diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

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

A response assessment prior to cycle 9 must be documented in the patient's medical records.

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

Injection

7269N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	11	..	*1398.50	40.30	Velcade [JC] (bortezomib 3 mg injection, 1 vial) Velcade [JC] (bortezomib 3.5 mg injection, 1 vial)

▪ **BORTEZOMIB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7960

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have previously received 8 treatment cycles of bortezomib in the current treatment course, **AND**
- Patient must have demonstrated at the completion of cycle 8 at least a partial response to bortezomib, **AND**
- Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**
- Patient must not have a gap of more than 10 months between the initial PBS-subsidised treatment with this drug for this condition and continuing PBS-subsidised treatment with this drug for this condition following completion of 8 treatment cycles, **AND**
- Patient must not receive more than 3 cycles of bortezomib under this restriction.

Diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

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

A response assessment prior to cycle 9 must be documented in the patient's medical records.

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

Injection

7272R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	11	..	*1398.50	40.30	Velcade [JC] (bortezomib 3 mg injection, 1 vial) Velcade [JC] (bortezomib 3.5 mg injection, 1 vial)

▪ BORTEZOMIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7992

Symptomatic multiple myeloma

Clinical criteria:

- Patient must be newly diagnosed, **AND**
 - Patient must be eligible for high dose chemotherapy and autologous stem cell transplantation, **AND**
 - Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
 - The treatment must be in combination with chemotherapy, **AND**
 - Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.
- Details of the histological diagnosis of multiple myeloma must be documented in the patient's medical records.

Injection

7275X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1398.50	40.30	Velcade [JC] (bortezomib 1 mg injection, 1 vial) Velcade [JC] (bortezomib 3 mg injection, 1 vial)

▪ BORTEZOMIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7940

Symptomatic multiple myeloma

Treatment Phase: Continuing PBS-subsidised treatment

Clinical criteria:

- Patient must have received an initial authority prescription for bortezomib for newly diagnosed symptomatic multiple myeloma and be ineligible for high dose chemotherapy, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have achieved a best confirmed response to bortezomib at the time of prescribing, **AND**
- Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
- The treatment must be in combination with a corticosteroid and melphalan or cyclophosphamide, **AND**
- Patient must not receive more than 5 cycles of treatment with bortezomib under this restriction.

Continuing PBS-subsidised supply requires that the gap between the initial PBS-subsidised treatment with this drug for this condition and this continuing treatment is no more than 6 months.

Authority required (STREAMLINED)

7941

Symptomatic multiple myeloma

Treatment Phase: Continuing PBS-subsidised treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for newly diagnosed symptomatic multiple myeloma, **AND**
- Patient must have severe acute renal failure, **AND**
- Patient must have demonstrated at least a partial response at the completion of cycle 4, **AND**
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
- Patient must not receive more than 5 cycles of treatment with bortezomib under this restriction.

A copy of the current pathology reports reporting Glomerular Filtration Rate from an Approved Pathology authority and diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

Continuing PBS-subsidised supply requires that the gap between the initial PBS-subsidised treatment with this drug for this condition and this continuing treatment is no more than 6 months.

Injection

7274W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	19	..	*1398.50	40.30	Velcade [JC] (bortezomib 1 mg injection, 1 vial) Velcade [JC] (bortezomib 3 mg injection, 1 vial)

■ **BORTEZOMIB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7963

Symptomatic multiple myeloma
Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- Patient must be ineligible for high dose chemotherapy, **AND**
- Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
- The treatment must be in combination with a corticosteroid and melphalan or cyclophosphamide, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Authority required (STREAMLINED)

7984

Symptomatic multiple myeloma
Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- Patient must have severe acute renal failure, **AND**
- Patient must require dialysis; OR
- Patient must be at high risk of requiring dialysis in the opinion of a nephrologist, **AND**
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Details of the histological diagnosis of multiple myeloma, the name of the nephrologist who has reviewed the patient and the date of review, a copy of the current pathology reports reporting Glomerular Filtration Rate from an Approved Pathology Authority, and nomination of the disease activity parameter(s) that will be used to assess response must be documented in the patient's medical records. Disease activity parameters include current diagnostic reports of at least one of the following:

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

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be documented in the patient's medical records for all patients.

Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be documented in the patient's medical records.

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

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

Injection

7238Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	31	..	*1398.50	40.30	Velcade [JC] (bortezomib 1 mg injection, 1 vial) Velcade [JC] (bortezomib 3 mg injection, 1 vial)

■ **BORTEZOMIB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7961

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

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**

- Patient must have progressive disease after at least one prior therapy, **AND**
- Patient must have undergone or be ineligible for a primary stem cell transplant, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

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

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

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein. Details of the histological diagnosis of multiple myeloma, prior treatments including name(s) of drug(s) and date of most recent treatment cycle and record of prior stem cell transplant or ineligibility for prior stem cell transplant; details of the basis of the diagnosis of progressive disease or failure to respond; and nomination of which disease activity parameters will be used to assess response must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

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

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

Authority required (STREAMLINED)

7974

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have previously received 4 treatment cycles of bortezomib for progressive disease, **AND**
- Patient must have demonstrated at the completion of cycle 4 at least a partial response to bortezomib, **AND**
- Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**
- Patient must not have a gap of more than 6 months between the initial PBS-subsidised treatment with this drug for this condition and continuing PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

Diagnostic reports must be no more than one month old at the time of prescribing.
 A response assessment prior to cycle 5 must be documented in the patient's medical records.
 Confirmation of complete response requires 2 determinations a minimum of 6 weeks apart.

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

Injection

7268M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1398.50	40.30	Velcade [JC] (bortezomib 3 mg injection, 1 vial) Velcade [JC] (bortezomib 3.5 mg injection, 1 vial)

▪ **BORTEZOMIB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7938

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have progressive disease, **AND**
- Patient must have previously been treated with PBS-subsidised bortezomib, **AND**
- Patient must have experienced at least a partial response to the most recent course of PBS-subsidised bortezomib therapy, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

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

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

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

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

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

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

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

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

Details of the basis of the current diagnosis of progressive disease and nomination of which disease activity parameters that will be used to assess response, and diagnostic reports demonstrating the patient has achieved at least a partial response to the most recent course of PBS-subsidised bortezomib, if not previously documented must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

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

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

As these parameters must be used to determine response, results for either (a) or (b) or (c) must be documented in the patient's medical records. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records.

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

Authority required (STREAMLINED)

7939

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have previously received 4 treatment cycles of bortezomib in the current treatment course, **AND**
- Patient must have demonstrated at the completion of cycle 4 at least a partial response to bortezomib, **AND**
- Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**
- Patient must not have a gap of more than 6 months between the initial PBS-subsidised treatment with this drug for this condition and continuing PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

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

A response assessment prior to cycle 5 must be documented in the patient's medical records.

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

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

Injection

7271Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1398.50	40.30	Velcade [JC] (bortezomib 3 mg injection, 1 vial) Velcade [JC] (bortezomib 3.5 mg injection, 1 vial)

▪ **CARFILZOMIB**

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

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

Note Special Pricing Arrangements apply.

Authority required

Multiple myeloma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be in combination with dexamethasone, **AND**
- Patient must have progressive disease after at least one prior therapy, **AND**
- Patient must have undergone or be ineligible for a stem cell transplant, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- Patient must not receive more than three cycles of treatment under this restriction.

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

- at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

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

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

Authority required

Multiple myeloma

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 dexamethasone, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- Patient must not receive more than 3 cycles of treatment per continuing treatment course authorised under this restriction. Progressive disease is defined as at least 1 of the following:

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

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

Authority required

Multiple myeloma

Treatment Phase: Grandfathering

Clinical criteria:

- Patient must have received treatment with this drug for this condition prior to 1 January 2018, **AND**
- Patient must have a documented histological diagnosis, **AND**
- The treatment must be in combination with dexamethasone, **AND**
- Patient must have had documented progressive disease after at least one prior therapy prior to commencing non-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, **AND**
- Patient must have undergone or be ineligible for a stem cell transplant, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- Patient must not receive more than three cycles of treatment under this restriction.

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

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

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

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.

Injection

11230C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	17	..	*2698.22	40.30	Kyprolis [AN] (carfilzomib 10 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 30 mg injection, 1 vial)

ERIBULIN

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

Authority required (STREAMLINED)

4649

Locally advanced or metastatic breast cancer

Clinical criteria:

- Patient must have progressive disease, **AND**
- Patient must have failed at least two prior chemotherapeutic regimens for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Injection

10140Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3 mg	13	..	*854.90	40.30	Halaven [EI] (eribulin mesilate 1 mg/2 mL injection, 2 mL vial)

ERIBULIN

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

Authority required (STREAMLINED)

7258

Advanced (unresectable and/or metastatic) liposarcoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have an ECOG performance status of 2 or less, **AND**
- The condition must be dedifferentiated, myxoid, round-cell or pleomorphic subtype, **AND**
- Patient must have received prior chemotherapy treatment including an anthracycline and ifosfamide (unless contraindicated) for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Population criteria:

- Patient must be aged 18 years or older.

Authority required (STREAMLINED)

7280

Advanced (unresectable and/or metastatic) liposarcoma

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 progressive disease while being treated with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Population criteria:

- Patient must be aged 18 years or older.

Injection

11199K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3 mg	7	..	*854.90	40.30	Halaven [EI] (eribulin mesilate 1 mg/2 mL injection, 2 mL vial)

IRINOTECAN

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

Injection

7249M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	11	..	*190.58	40.30	Hospira Pty Limited [PF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) Hospira Pty Limited [PF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial) Irinotecan Accord [OC] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) IRINOTECAN ACT [JU] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) IRINOTECAN ACT [JU] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial) Irinotecan Kabi [PK] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) MEDITAB IRINOTECAN [LR] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial)

MEDITAB IRINOTECAN [LR] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 2 mL vial)
 Omegapharm Irinotecan [OE] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial)
 Omegapharm Irinotecan [OE] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 2 mL vial)

▪ **TOPOTECAN**

Authority required (STREAMLINED)

6238

Advanced metastatic ovarian cancer

Clinical criteria:

- Patient must have failed prior therapy which included a platinum compound.

Injection

7260D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3500 mcg	17	..	*157.35	40.30	Hycamtin [SZ] (topotecan 4 mg injection, 5 vials)

Chemotherapy items for Public Hospital use

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS	71
ANTINEOPLASTIC AGENTS	71
ALKYLATING AGENTS	71
ANTIMETABOLITES	72
PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS	75
CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES	77
OTHER ANTINEOPLASTIC AGENTS	78

■ ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

■ ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

Nitrogen mustard analogues

■ BENDAMUSTINE

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

Authority required (STREAMLINED)

7972

Previously untreated stage III or IV mantle cell lymphoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The treatment must be in combination with rituximab, **AND**
- The condition must be previously untreated, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for induction treatment purposes only, **AND**
- Patient must not receive more than 6 cycles (12 doses) of treatment under this restriction, **AND**
- Patient must not be eligible for stem cell transplantation.

Authority required (STREAMLINED)

7943

Previously untreated stage II bulky or stage III or IV indolent non-Hodgkin's lymphoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The condition must be previously untreated, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for induction treatment purposes only, **AND**
- The treatment must be in combination with rituximab or obinutuzumab, **AND**
- The treatment must not exceed 6 cycles (12 doses) with this drug under this restriction.

Authority required (STREAMLINED)

7944

Follicular lymphoma

Treatment Phase: Re-induction treatment

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The condition must be refractory to treatment with rituximab for this condition, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for re-induction treatment purposes only, **AND**
- The treatment must be in combination with obinutuzumab, **AND**
- The treatment must not exceed 6 cycles (12 doses) with this drug under this restriction.

The condition is considered rituximab-refractory if the patient experiences less than a partial response or progression of disease within 6 months after completion of a prior rituximab-containing regimen.

Injection

10760H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*1699.70	40.30	Ribomustin [JC] (bendamustine hydrochloride 100 mg injection, 1 vial) Ribomustin [JC] (bendamustine hydrochloride 25 mg injection, 1 vial)

■ CYCLOPHOSPHAMIDE

Injection

4327R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2800 mg	17	..	*156.76	40.30	Endoxan [BX] (cyclophosphamide 1 g injection, 1 vial) Endoxan [BX] (cyclophosphamide 2 g injection, 1 vial) Endoxan [BX] (cyclophosphamide 500 mg injection, 1 vial)

■ IFOSFAMIDE

Injection

4448D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	4000 mg	19	..	*281.70	40.30	Holoxan [BX] (ifosfamide 1 g injection, 1 vial) Holoxan [BX] (ifosfamide 2 g injection, 1 vial)

Nitrosoureas

▪ FOTEMUSTINE

Authority required (STREAMLINED)

6288

Metastatic malignant melanoma

Injection

4437M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	8	..	*1939.26	40.30	Muphoran [SE] (fotemustine 208 mg injection [1 vial] (& inert substance diluent [4 mL ampoule], 1 pack)

ANTIMETABOLITES

Folic acid analogues

▪ METHOTREXATE

Injection

4502Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	5	..	*110.56	40.30	Hospira Pty Limited [PF] (methotrexate 1 g/10 mL injection, 10 mL vial) Hospira Pty Limited [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [PF] (methotrexate 500 mg/20 mL injection, 20 mL vial) Methaccord [EA] (methotrexate 1 g/10 mL injection, 10 mL vial) Methotrexate Accord [OD] (METHOTREXATE Injection 50 mg in 2 mL, 1) Methotrexate Accord [OD] (methotrexate 1 g/10 mL injection, 10 mL vial) Methotrexate Ebewe [SZ] (methotrexate 5 g/50 mL injection, 50 mL vial) Pfizer Australia Pty Ltd [PF] (methotrexate 1 g/10 mL injection, 10 mL vial)

▪ METHOTREXATE

Restricted benefit

Patients receiving treatment with a high dose regimen

Injection

4512L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	20000 mg	..	..	*838.46	40.30	Hospira Pty Limited [PF] (methotrexate 1 g/10 mL injection, 10 mL vial) Hospira Pty Limited [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) Hospira Pty Limited [PF] (methotrexate 500 mg/20 mL injection, 20 mL vial) Methaccord [EA] (methotrexate 1 g/10 mL injection, 10 mL vial) Methotrexate Accord [OD] (METHOTREXATE Injection 50 mg in 2 mL, 1) Methotrexate Accord [OD] (methotrexate 1 g/10 mL injection, 10 mL vial) Methotrexate Ebewe [SZ] (methotrexate 5 g/50 mL injection, 50 mL vial) Pfizer Australia Pty Ltd [PF] (methotrexate 1 g/10 mL injection, 10 mL vial)

▪ PEMETREXED

Injection

4600D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1100 mg	5	..	*169.35	40.30	Alimta [LY] (pemetrexed 100 mg injection, 1 vial) Alimta [LY] (pemetrexed 500 mg injection, 1 vial) DBL Pemetrexed [PF] (pemetrexed 1 g injection, 1 vial) DBL Pemetrexed [PF] (pemetrexed 100 mg injection, 1 vial) DBL Pemetrexed [PF] (pemetrexed 500 mg injection, 1 vial) Pemetrexed Accord [OD] (pemetrexed 1 g injection, 1 vial) Pemetrexed Accord [OD] (pemetrexed 100 mg injection, 1 vial)

Pemetrexed Accord [OD] (pemetrexed 500 mg injection, 1 vial)
 Pemetrexed APOTEX [TX] (pemetrexed 500 mg injection, 1 vial)
 PEMETREXED-DRLA [RZ] (pemetrexed 100 mg injection, 1 vial)
 Pemetrexed DRLA [RZ] (pemetrexed 500 mg injection, 1 vial)
 Pemetrexed SUN [RA] (pemetrexed 1 g injection, 1 vial)
 Pemetrexed SUN [RA] (pemetrexed 100 mg injection, 1 vial)
 Pemetrexed SUN [RA] (pemetrexed 500 mg injection, 1 vial)
 Reladdin [AF] (pemetrexed 100 mg injection, 1 vial)
 Reladdin [AF] (pemetrexed 500 mg injection, 1 vial)
 Tevatrexed [TB] (pemetrexed 100 mg injection, 1 vial)
 Tevatrexed [TB] (pemetrexed 500 mg injection, 1 vial)

■ PRALATREXATE

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

Authority required

Relapsed or chemotherapy refractory Peripheral T-cell Lymphoma
 Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be relapsed or chemotherapy refractory, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Injection

11272G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	80 mg	11	..	*4445.06	40.30	Folotyn [MF] (pralatrexate 20 mg/mL injection, 1 mL vial)

■ PRALATREXATE

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

Authority required

Relapsed or chemotherapy refractory Peripheral T-cell Lymphoma
 Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be relapsed or chemotherapy refractory, **AND**
- Patient must have undergone appropriate prior front-line curative intent chemotherapy.

Injection

11293J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	80 mg	5	..	*4445.06	40.30	Folotyn [MF] (pralatrexate 20 mg/mL injection, 1 mL vial)

■ RALTITREXED

Authority required (STREAMLINED)

6228

Advanced colorectal cancer

Clinical criteria:

- The treatment must only be used as a single agent in the treatment of this condition.

Injection

4610P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7 mg	8	..	*1127.90	40.30	Tomudex [PF] (raltitrexed 2 mg injection, 1 vial)

Purine analogues

■ CLADRIBINE

Authority required (STREAMLINED)

6265

Hairy cell leukaemia

Injection

4326Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	17 mg	6	..	*1125.50	40.30	Leustatin [JC] (cladribine 10 mg/10 mL injection, 10 mL vial) Litak [OA] (cladribine 10 mg/5 mL injection, 5 mL vial)

■ FLUDARABINE

Note Pharmaceutical benefits that have the form fludarabine phosphate 50 mg injection and pharmaceutical benefits that have the form fludarabine phosphate 50 mg/2 mL injection are equivalent for the purposes of substitution.

Injection

4393F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	55 mg	29	..	*148.74	40.30	Fludarabine ACT [JU] (fludarabine phosphate 50 mg injection, 1 vial) Fludarabine AMNEAL [JU] (fludarabine phosphate 50 mg injection, 1 vial) Fludarabine Ebewe [SZ] (fludarabine phosphate 50 mg/2 mL injection, 5 x 2 mL vials)

Pyrimidine analogues

■ CYTARABINE

Injection

4357H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7000 mg	15	..	*883.06	40.30	Pfizer Australia Pty Ltd [PF] (cytarabine 100 mg/5 mL injection, 5 x 5 mL vials)

■ FLUOROURACIL

Restricted benefit

Patients requiring administration of fluorouracil by intravenous infusion

Injection

4394G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5500 mg	11	..	*124.06	40.30	DBL Fluorouracil Injection BP [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) DBL Fluorouracil Injection BP [PF] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials) Fluorouracil Accord [OC] (fluorouracil 1 g/20 mL injection, 20 mL vial) Fluorouracil Accord [OC] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) Fluorouracil Accord [OC] (fluorouracil 5 g/100 mL injection, 100 mL vial) Fluorouracil Accord [OC] (fluorouracil 500 mg/10 mL injection, 10 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 1 g/20 mL injection, 20 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 5 g/100 mL injection, 100 mL vial)

■ FLUOROURACIL

Restricted benefit

Patients requiring administration of fluorouracil by intravenous injection

Injection

4431F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	23	..	*92.15	40.30	DBL Fluorouracil Injection BP [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) DBL Fluorouracil Injection BP [PF] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials) Fluorouracil Accord [OC] (fluorouracil 1 g/20 mL injection, 20 mL vial) Fluorouracil Accord [OC] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) Fluorouracil Accord [OC] (fluorouracil 5 g/100 mL injection, 100 mL vial) Fluorouracil Accord [OC] (fluorouracil 500 mg/10 mL injection, 10 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 1 g/20 mL injection, 20 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) Fluorouracil Ebewe [SZ] (fluorouracil 5 g/100 mL injection, 100 mL vial)

■ GEMCITABINE

Caution Pharmaceutical benefits containing gemcitabine may have different concentrations.

Injection

4439P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mg	17	..	*148.11	40.30	DBL Gemcitabine Injection [PF] (gemcitabine 1 g/26.3 mL injection, 26.3 mL vial)

DBL Gemcitabine Injection [PF] (gemcitabine 2 g/52.6 mL injection, 52.6 mL vial)

PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

Vinca alkaloids and analogues

▪ **VINBLASTINE**

Injection

4618C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	20 mg	17	..	*158.40	40.30	Hospira Pty Limited [PF] (vinblastine sulfate 10 mg/10 mL injection, 5 x 10 mL vials)

▪ **VINCRISTINE**

Injection

4619D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2 mg	7	..	*102.90	40.30	Hospira Pty Limited [PF] (vincristine sulfate 1 mg/mL injection, 5 x 1 mL vials)

▪ **VINORELBINE**

Injection

4620E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	70 mg	7	..	*155.96	40.30	Navelbine [FB] (vinorelbine 10 mg/mL injection, 1 mL vial) Navelbine [FB] (vinorelbine 50 mg/5 mL injection, 5 mL vial) Vinorelbine Ebewe [SZ] (vinorelbine 10 mg/mL injection, 1 mL vial) Vinorelbine Ebewe [SZ] (vinorelbine 50 mg/5 mL injection, 5 mL vial)

Podophyllotoxin derivatives

▪ **ETOPOSIDE**

Injection

4428C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	440 mg	14	..	*278.56	40.30	Etopophos [BQ] (etoposide phosphate 1.136 g (etoposide 1 g) injection, 1 vial) Etoposide Ebewe [SZ] (etoposide 100 mg/5 mL injection, 5 x 5 mL vials) Pfizer Australia Pty Ltd [PF] (etoposide 100 mg/5 mL injection, 5 mL vial)

Taxanes

▪ **CABAZITAXEL**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4662

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with prednisone or prednisolone, **AND**
- The treatment must not be used in combination with abiraterone, **AND**
- Patient must have failed treatment with docetaxel due to resistance or intolerance, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not receive PBS-subsidised cabazitaxel if progressive disease develops while on cabazitaxel.

Injection

4376H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	55 mg	5	..	*2935.06	40.30	Jevtana [SW] (cabazitaxel 60 mg/1.5 mL injection [1.5 mL vial] (&) inert substance diluent [4.5 mL vial], 1 pack)

▪ **DOCETAXEL**

Note Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL and docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 160 mg in 8 mL and docetaxel solution concentrate for I.V. infusion 160 mg in 16 mL are equivalent for the purposes of substitution.

Injection

10148D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	5	..	*181.54	40.30	DBL Docetaxel Concentrated Injection [PF] (docetaxel 160 mg/16 mL injection, 16 mL vial) DBL Docetaxel Concentrated Injection [PF] (docetaxel 80 mg/8 mL injection, 8 mL vial)

Docetaxel Accord [OC] (docetaxel 160 mg/8 mL injection, 8 mL vial)
 Docetaxel Accord [OC] (docetaxel 80 mg/4 mL injection, 4 mL vial)
 Docetaxel Sandoz [SZ] (docetaxel 80 mg/8 mL injection, 8 mL vial)

▪ **NANOPARTICLE ALBUMIN-BOUND PACLITAXEL**

Authority required (STREAMLINED)

6106

Metastatic breast cancer

Authority required (STREAMLINED)

6119

HER2 positive breast cancer

Injection

4531L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	580 mg	5	..	*2373.52	40.30	Abraxane [TS] (paclitaxel (as nanoparticle albumin-bound) 100 mg injection, 1 vial)

▪ **NANOPARTICLE ALBUMIN-BOUND PACLITAXEL**

Note Special Pricing Arrangements apply.

Note Not for use as neoadjuvant or adjuvant therapy.

Authority required (STREAMLINED)

4657

Stage IV (metastatic) adenocarcinoma of the pancreas

Clinical criteria:

- The treatment must be in combination with gemcitabine, **AND**
 - The condition must not have been treated previously with PBS-subsidised therapy, **AND**
 - Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less.
- A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Injection

10165B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	275 mg	11	..	*1229.29	40.30	Abraxane [TS] (paclitaxel (as nanoparticle albumin-bound) 100 mg injection, 1 vial)

▪ **PACLITAXEL**

Injection

4567J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	3	..	*159.54	40.30	Anzatax [PF] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial) Anzatax [PF] (paclitaxel 150 mg/25 mL injection, 25 mL vial) Anzatax [PF] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxel Accord [OC] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxel ACT [JU] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial) Paclitaxel ACT [JU] (paclitaxel 150 mg/25 mL injection, 25 mL vial) Paclitaxel ACT [JU] (paclitaxel 30 mg/5 mL injection, 5 mL vial) Paclitaxel ACT [JU] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxel Ebewe [SZ] (paclitaxel 150 mg/25 mL injection, 25 mL vial) Paclitaxel Ebewe [SZ] (paclitaxel 30 mg/5 mL injection, 5 x 5 mL vials) Paclitaxel Ebewe [SZ] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxel Kabi [PK] (paclitaxel 30 mg/5 mL injection, 5 mL vial) Paclitaxel Kabi [PK] (paclitaxel 300 mg/50 mL injection, 50 mL vial) Paclitaxin [TB] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial) Paclitaxin [TB] (paclitaxel 150 mg/25 mL injection, 25 mL vial) Paclitaxin [TB] (paclitaxel 30 mg/5 mL injection, 5 mL vial) Paclitaxin [TB] (paclitaxel 300 mg/50 mL injection, 50 mL vial)

CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES

Anthracyclines and related substances

▪ **DOXORUBICIN**

Injection/intravesical

4361M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	135 mg	11	..	*136.21	40.30	Adriamycin [PF] (doxorubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Adriamycin [PF] (doxorubicin hydrochloride 50 mg/25 mL injection, 25 mL vial) Doxorubicin ACC [OC] (doxorubicin hydrochloride 200 mg/100 mL injection, 100 mL vial)

▪ **DOXORUBICIN HYDROCHLORIDE (AS PEGYLATED LIPOSOMAL)**

Authority required (STREAMLINED)

4786

Advanced epithelial ovarian cancer

Clinical criteria:

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

Authority required (STREAMLINED)

4791

Metastatic breast cancer

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have failed prior therapy which included capecitabine and a taxane.

Authority required (STREAMLINED)

4787

Metastatic breast cancer

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have a contraindication to therapy with capecitabine and/or a taxane.

Injection

4364Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	100 mg	5	..	*1149.04	40.30	Caelyx [JC] (doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial) Caelyx [JC] (doxorubicin hydrochloride (as pegylated liposomal) 50 mg/25 mL injection, 25 mL vial) Liposomal Doxorubicin SUN [RA] (doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial) Liposomal Doxorubicin SUN [RA] (doxorubicin hydrochloride (as pegylated liposomal) 50 mg/25 mL injection, 25 mL vial)

▪ **EPIRUBICIN**

Injection/intravesical

4375G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	5	..	*165.29	40.30	Epirube [TB] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Epirube [TB] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial) Epirubicin Accord [OC] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Epirubicin ACT [JU] (epirubicin hydrochloride 100 mg/50 mL injection, 50 mL vial) Epirubicin ACT [JU] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Epirubicin ACT [JU] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial) Pharmorubicin [PF] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial) Pharmorubicin [PF] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial)

▪ **IDARUBICIN**

Restricted benefit

Acute myelogenous leukaemia (AML)

Injection

4440Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*217.18	40.30	Idarubicin Ebewe [SZ] (idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial)

Zavedos Solution [PF] (idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial)
 Zavedos Solution [PF] (idarubicin hydrochloride 5 mg/5 mL injection, 5 mL vial)

■ MITOZANTRONE

Injection

4514N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*177.66	40.30	Mitozantrone Ebewe [SZ] (mitozantrone 20 mg/10 mL injection, 10 mL vial) Onkotrone [BX] (mitozantrone 20 mg/10 mL injection, 10 mL vial) Onkotrone [BX] (mitozantrone 25 mg/12.5 mL injection, 12.5 mL vial)

Other cytotoxic antibiotics

■ BLEOMYCIN SULFATE

Restricted benefit

Germ cell neoplasms

Restricted benefit

Lymphoma

Injection

11704B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30000 iu	11	..	*127.72	40.30	Bleomycin for Injection, USP [QY] (bleomycin sulfate 15 000 international units injection, 1 vial)

Injection

4433H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30000 iu	11	..	*127.72	40.30	Bleo 15K [JU] (bleomycin sulfate 15 000 international units injection, 1 vial) CIPLA BLEOMYCIN [LR] (bleomycin sulfate 15 000 international units injection, 1 vial) Hospira Pty Limited [PF] (bleomycin sulfate 15 000 international units injection, 1 vial)

OTHER ANTINEOPLASTIC AGENTS

Platinum compounds

■ CARBOPLATIN

Injection

4309T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	5	..	*156.04	40.30	Carboplatin Accord [OC] (carboplatin 450 mg/45 mL injection, 45 mL vial) Hospira Pty Limited [PF] (carboplatin 150 mg/15 mL injection, 15 mL vial) Hospira Pty Limited [PF] (carboplatin 450 mg/45 mL injection, 45 mL vial)

■ CISPLATIN

Injection

4319H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	220 mg	14	..	*130.40	40.30	Cisplatin Accord [OC] (cisplatin 100 mg/100 mL injection, 100 mL vial) Cisplatin Accord [OC] (cisplatin 50 mg/50 mL injection, 50 mL vial) Hospira Pty Limited [PF] (cisplatin 100 mg/100 mL injection, 100 mL vial) Hospira Pty Limited [PF] (cisplatin 50 mg/50 mL injection, 50 mL vial)

■ OXALIPLATIN

Injection

4542C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	11	..	*144.28	40.30	DBL Oxaliplatin Concentrate [PF] (oxaliplatin 100 mg/20 mL injection, 20 mL vial) Oxaliplatin Accord [OC] (oxaliplatin 100 mg/20 mL injection, 20 mL vial) Oxaliplatin SUN [RA] (oxaliplatin 100 mg/20 mL injection, 20 mL vial)

Oxaliplatin SUN [RA] (oxaliplatin 200 mg/40 mL injection, 40 mL vial)
 Oxaliplatin SUN [RA] (oxaliplatin 50 mg/10 mL injection, 10 mL vial)
 Oxaliplatin SZ [HX] (oxaliplatin 100 mg/20 mL injection, 20 mL vial)

Monoclonal antibodies

▪ **ATEZOLIZUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6999

Locally advanced or metastatic non-small cell lung 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 treatment for this condition, **AND**
- Patient must have stable or responding disease.

Authority required (STREAMLINED)

7572

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have received treatment with this drug for this condition prior to 1 April 2018, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- Patient must have had a WHO performance status of 0 or 1 at the time non-PBS subsidised treatment with this drug for this condition was initiated.

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.

Injection

11277M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	7	..	*7561.36	40.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **ATEZOLIZUMAB**

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7539

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy.

Injection

11284X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	5	..	*7561.36	40.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **AVELUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8856

Stage IV (metastatic) Merkel Cell 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 have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must not exceed a total of 12 doses at a maximum dose of 10 mg per kg every 2 weeks under this restriction.

Injection

11671G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	11	..	*8229.22	40.30	Bavencio [SG] (avelumab 200 mg/10 mL injection, 10 mL vial)

■ AVELUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8947

Stage IV (metastatic) Merkel Cell Carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 9 doses at a maximum dose of 10 mg per kg every 2 weeks under this restriction.

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

Injection

11695M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	8	..	*8229.22	40.30	Bavencio [SG] (avelumab 200 mg/10 mL injection, 10 mL vial)

■ BEVACIZUMAB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4814

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

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be suboptimally debulked (maximum diameter of any gross residual disease greater than 1 cm) only if the patient presents with Stage IIIB or Stage IIIC disease, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The condition must be previously untreated, **AND**
- The treatment must be commenced in combination with platinum-based chemotherapy, **AND**
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks, **AND**
- The treatment must not exceed a lifetime total of 18 cycles of bevacizumab for epithelial ovarian, fallopian tube or primary peritoneal cancer.

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

Injection

10115J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	5	..	*3124.43	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

■ BEVACIZUMAB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4584

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

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with bevacizumab for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks, **AND**
- The treatment must not exceed a lifetime total of 18 cycles of bevacizumab for epithelial ovarian, fallopian tube or primary peritoneal cancer.

Injection

10121Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	11	..	*3124.43	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial)

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

▪ **BEVACIZUMAB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6337

Advanced carcinoma of cervix

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a Gynaecologic Oncology Group (GOG) performance status of 0 or 1, **AND**
- The condition must not be amenable to curative treatment with surgery; OR
- The condition must not be amenable to curative radiation therapy, **AND**
- The condition must be previously untreated with this drug, **AND**
- Patient must not have received prior chemotherapy; OR
- Patient must have received prior chemotherapy with radiation therapy, **AND**
- The treatment must be in combination with platinum-based chemotherapy plus paclitaxel.

Advanced carcinoma of the cervix is defined as persistent carcinoma, recurrent carcinoma or metastatic carcinoma of the cervix.

The patient's Gynaecologic Oncology Group (GOG) 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)

6353

Advanced carcinoma of cervix

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with platinum-based chemotherapy plus paclitaxel.

Advanced carcinoma of the cervix is defined as persistent carcinoma, recurrent carcinoma or metastatic carcinoma of the cervix.

Injection

10881Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	7	..	*6163.80	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ **BEVACIZUMAB**

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

Relapsed or recurrent glioblastoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed glioblastoma, **AND**
- Patient must have radiologic evidence of evaluable disease, **AND**
- Patient must have evidence of symptomatic progression, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, temozolomide, **AND**
- Patient must not receive more than 8 weeks of treatment per initial treatment course authorised under this restriction, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- Patient must not have received prior treatment with this drug for this condition, **AND**
- The treatment must not exceed a dose of 10 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 15 mg per kg every 3 weeks.

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

- (1) a completed authority prescription form;
- (2) a completed Glioblastoma PBS Authority Application - Supporting Information Form, which includes the following:
 - (a) evidence of confirmed glioblastoma confirmed by radiology report; and
 - (b) confirmation that the patient has failed to achieve an adequate response to, or is intolerant to, temozolomide.

Symptomatic progression is defined as:

- i) Deterioration of neurologic function which may include motor dysfunction, seizures, lack of co-ordination, changes to personality, reduced ability to communicate, neurocognitive decline; OR
- ii) Increasing symptoms of raised intracranial pressure which may include headache, nausea, vomiting or poorly controlled vasogenic oedema.

Injection

11749J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	3	..	*6163.80	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

■ BEVACIZUMAB

Note Special Pricing Arrangements apply.

Authority required

Relapsed or recurrent glioblastoma

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have confirmed glioblastoma, **AND**
- Patient must have had radiologic evidence of evaluable disease at the time non-PBS subsidised treatment with this drug for this condition was initiated, **AND**
- Patient must have had evidence of symptomatic progression at the time non-PBS subsidised treatment with this drug for this condition was initiated, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, temozolomide, **AND**
- Patient must have been receiving non-PBS subsidised treatment with this drug for this condition prior to 1 August 2019, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less at the time non-PBS subsidised treatment with this drug for this condition was initiated, **AND**
- Patient must not have developed further symptomatic progression while being treated with this drug for this condition, **AND**
- The treatment must not exceed a dose of 10 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 15 mg per kg every 3 weeks.

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;
- (2) a completed Glioblastoma PBS Authority Application - Supporting Glioblastoma Information Form, which includes the following:
 - (a) evidence of confirmed glioblastoma confirmed by radiology report; and
 - (b) confirmation that the patient has failed to achieve an adequate response to, or is intolerant to, temozolomide.

Symptomatic progression is defined as:

- i) Deterioration of neurologic function which may include motor dysfunction, seizures, lack of co-ordination, changes to personality, reduced ability to communicate, neurocognitive decline; OR
- ii) Increasing symptoms of raised intracranial pressure which may include headache, nausea, vomiting or poorly controlled vasogenic oedema.

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

Prescribing information (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

Relapsed or recurrent glioblastoma

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 developed further symptomatic progression while being treated with this drug for this condition, **AND**
- The treatment must not exceed a dose of 10 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 15 mg per kg every 3 weeks.

Symptomatic progression is defined as:

- i) Deterioration of neurologic function which may include motor dysfunction, seizures, lack of co-ordination, changes to personality, reduced ability to communicate, neurocognitive decline; OR
- ii) Increasing symptoms of raised intracranial pressure which may include headache, nausea, vomiting or poorly controlled vasogenic oedema.

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).

Injection

11745E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	5	..	*6163.80	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ **BEVACIZUMAB**

Authority required (STREAMLINED)

4594

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be previously untreated, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

4587

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with bevacizumab for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

4939

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
- Patient must be previously treated with PBS-subsidised first-line anti-EGFR antibodies, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be in combination with second-line chemotherapy, **AND**
- The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

4968

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with second-line chemotherapy, **AND**
- The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR
- The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks.

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

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

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

Injection

4400N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	900 mg	11	..	*3124.43	40.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ BLINATUMOMAB

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome, neurological toxicities and reactivation of John Cunningham virus (JC) viral infection.

Note No 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 Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia (ALL)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, **AND**
- The condition must not be present in the central nervous system or testis, **AND**
- The condition must be Philadelphia chromosome negative, **AND**
- Patient must have received intensive combination chemotherapy for initial treatment of ALL or for subsequent salvage therapy, **AND**
- Patient must not have received more than 1 line of salvage therapy, **AND**
- The condition must have more than 5% blasts in bone marrow, **AND**
- The treatment must not be more than 2 treatment cycles under this restriction in a lifetime.

According to the TGA-approved Product Information, hospitalisation is recommended at minimum for the first 9 days of the first cycle and the first 2 days of the second cycle. For all subsequent cycle starts and re-initiation (e.g. if treatment is interrupted for 4 or more hours), supervision by a health care professional or hospitalisation is recommended.

An amount of 651 microgram will be sufficient for a continuous infusion of blinatumomab over 28 days in cycle 1. An amount of 784 microgram, which may be obtained under Induction treatment - balance of supply restriction, will be sufficient for a continuous infusion of blinatumomab over 28 days in cycle 2.

Blinatumomab is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

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

- (1) a completed authority prescription form;
- (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and
- (3) date of most recent chemotherapy, and if this was the initial chemotherapy regimen or salvage therapy, including what line of salvage; and
- (4) a copy of the most recent bone marrow biopsy report of no more than one month old at the time of application.

Injection

11118E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	651 mcg	..	..	*69799.54	40.30	Blincyto [AN] (blinatumomab 38.5 microgram injection [1 vial] (&) inert substance solution [10 mL vial], 1 pack)

▪ BLINATUMOMAB

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome, neurological toxicities and reactivation of John Cunningham virus (JC) viral infection.

Note No 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 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

Acute lymphoblastic leukaemia (ALL)

Treatment Phase: Induction treatment - balance of supply

Clinical criteria:

- The condition must be relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, **AND**
- The condition must not be present in the central nervous system or testis, **AND**
- The condition must be Philadelphia chromosome negative, **AND**
- Patient must have received insufficient therapy with this agent for this condition under the Induction treatment restriction to complete a maximum of 2 treatment cycles in a lifetime.

According to the TGA-approved Product Information, hospitalisation is recommended at minimum for the first 9 days of the first cycle and the first 2 days of the second cycle. For all subsequent cycle starts and re-initiation (e.g. if treatment is interrupted for 4 or more hours), supervision by a health care professional or hospitalisation is recommended.

An amount of 784 mcg will be sufficient for a continuous infusion of blinatumomab over 28 days in cycle 2.
Blinatumomab is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

Injection

11120G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	784 mcg	..	..	*81418.62	40.30	Blinicyto [AN] (blinatumomab 38.5 microgram injection [1 vial] (&) inert substance solution [10 mL vial], 1 pack)

▪ **BLINATUMOMAB**

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome, neurological toxicities and reactivation of John Cunningham virus (JC) viral infection.

Note No 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 A complete remission is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a full recovery of peripheral blood counts with platelets of greater than 100,000 per microliter, and absolute neutrophil count (ANC) of greater than 1,000 per microliter.

Note A complete remission with partial haematological recovery is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a partial recovery of peripheral blood counts with platelets of greater than 50,000 per microliter, and absolute neutrophil count (ANC) of greater than 500 per microliter.

Note Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time when an assessment is required must cease PBS-subsidised therapy with this agent.

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

Acute lymphoblastic leukaemia (ALL)

Treatment Phase: Consolidation treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised induction treatment with this drug for this condition, **AND**
- Patient must have achieved a complete remission; OR
- Patient must have achieved a complete remission with partial haematological recovery, **AND**
- The treatment must not be more than 3 treatment cycles under this restriction in a lifetime, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Injection

11117D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	784 mcg	2	..	*81418.62	40.30	Blinicyto [AN] (blinatumomab 38.5 microgram injection [1 vial] (&) inert substance solution [10 mL vial], 1 pack)

▪ **BRENTUXIMAB VEDOTIN**

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

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

Note Special Pricing Arrangements apply.

Authority required

CD30 positive systemic anaplastic large cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must not have progressive disease, **AND**
- Patient must have previously been issued with an authority prescription for this drug.
The treatment must not exceed a lifetime total of 16 cycles.

Injection

10171H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*19685.06	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

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

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

Note Special Pricing Arrangements apply.

Authority required

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must not have undergone an autologous stem cell transplant (ASCT) for this condition, **AND**
- Patient must not be suitable for ASCT for this condition; OR
- Patient must not be suitable for treatment with multi-agent chemotherapy for this condition, **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, **AND**
 - Patient must not receive more than 12 cycles of treatment under this restriction.
- 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)
- The treatment must not exceed a total of 16 cycles in a lifetime

Injection

11087M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*19685.06	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

■ BRENTUXIMAB VEDOTIN

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

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

Note Special Pricing Arrangements apply.

Authority required

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have undergone a primary autologous stem cell transplant (ASCT) for this condition, **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, **AND**
- Patient must not receive more than 12 cycles of treatment under this restriction.

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)

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

Injection

11096B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	11	..	*19685.06	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

■ BRENTUXIMAB VEDOTIN

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority required

CD30 positive systemic anaplastic large cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be for curative intent, **AND**
- Patient must have undergone appropriate prior front-line curative intent chemotherapy, **AND**
- Patient must demonstrate relapsed or chemotherapy-refractory disease.

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

(a) a completed authority prescription form; and

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

(i) a histology report including evidence of the tumour's CD30 positivity;

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

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

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

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

Injection

10166C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*19685.06	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au. Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.
Note No increase in the maximum quantity or number of units may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Relapsed or Refractory Hodgkin lymphoma
Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have undergone a primary autologous stem cell transplant (ASCT), **AND**
 - Patient must have experienced a relapsed CD30+ Hodgkin lymphoma post ASCT; OR
 - Patient must have experienced a refractory CD30+ Hodgkin lymphoma post ASCT, **AND**
 - Patient must not receive more than 4 cycles of treatment under this restriction.
- Applications for authorisation of initial treatment must be in writing and must include:
- (a) a completed authority prescription form;
 - (b) a completed Hodgkin lymphoma brentuximab PBS Authority Application; and
 - (c) a signed patient acknowledgement.

Injection

11073T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*19685.06	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au. Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.
Note No increase in the maximum quantity or number of units may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Relapsed or Refractory Hodgkin lymphoma
Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have undergone an autologous stem cell transplant (ASCT) for this condition, **AND**
 - Patient must not be suitable for ASCT for this condition; OR
 - Patient must not be suitable for treatment with multi-agent chemotherapy for this condition, **AND**
 - Patient must have experienced a relapsed CD30+ Hodgkin lymphoma following at least two prior treatments for this condition; OR
 - Patient must have experienced a refractory CD30+ Hodgkin lymphoma following at least two prior treatments for this condition, **AND**
 - Patient must not receive more than 4 cycles of treatment under this restriction.
- Applications for authorisation of initial treatment must be in writing and must include:
- (a) a completed authority prescription form;
 - (b) a completed Hodgkin lymphoma brentuximab PBS Authority Application; and
 - (c) a signed patient acknowledgement.

Injection

11079D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*19685.06	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

Note No 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

CD30 positive cutaneous T-cell lymphoma
Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have pathologically confirmed CD30 positive cutaneous T-cell lymphoma, **AND**
- Patient must have CD30 positivity of at least 3% of malignant cells, **AND**
- Patient must have a diagnosis of mycosis fungoides; OR
- Patient must have a diagnosis of Sezary syndrome; OR
- Patient must have a diagnosis of primary cutaneous anaplastic large cell lymphoma, **AND**
- Patient must have received prior systemic treatment for this condition, **AND**
- The condition must be relapsed or refractory, **AND**
- The treatment must not exceed 4 cycles under this restriction, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

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

- (a) a completed authority prescription form; and
- (b) a completed Cutaneous T-cell lymphoma (CTCL) Brentuximab vedotin PBS Authority Application Supporting Information Form which includes the following:
 - (i) Evidence of a diagnosis of either mycosis fungoides, Sezary syndrome or primary cutaneous anaplastic large cell lymphoma; and
 - (ii) Evidence of CD30 positivity of at least 3% of malignant cells, either from a histology report on the tumour sample or from a flow cytometric analysis of lymphoma cells of the blood; and
 - (iii) Date of commencement and completion of the most recent prior systemic treatment.

Injection

11660Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	180 mg	3	..	*19685.06	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

Note No 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 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

CD30 positive 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 have achieved an objective response with this drug, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The treatment must not exceed 12 cycles under this restriction.

An objective response is defined as the demonstration of response by clinical observation of skin lesions, or response by positron-emission tomography (PET) and/or computed tomography (CT) standard criteria.

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

Injection

11664X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	180 mg	11	..	*19685.06	40.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **CETUXIMAB**

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

Authority required (STREAMLINED)

4788

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx
Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with radiotherapy, **AND**
- Patient must be unable to tolerate cisplatin; OR
- Patient must have a contraindication to cisplatin according to the TGA-approved Product Information.

Injection

4435K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	5	..	*1834.40	40.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ **CETUXIMAB**

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

Authority required (STREAMLINED)

4794

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx
Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be for the week prior to radiotherapy, **AND**
- Patient must have a contraindication to cisplatin according to the TGA-approved Product Information.

Authority required (STREAMLINED)

4785

Stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx
Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with radiotherapy, **AND**
- Patient must be unable to tolerate cisplatin.

Injection

4312Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	880 mg	..	..	*2709.08	40.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ **CETUXIMAB**

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

4965

Metastatic colorectal cancer
Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
 - Patient must have a WHO performance status of 2 or less, **AND**
 - The condition must have failed to respond to first-line chemotherapy, **AND**
 - The treatment must be as monotherapy; OR
 - The treatment must be in combination with chemotherapy, **AND**
 - The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.
- Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab.
Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab.

Authority required (STREAMLINED)

4908

Metastatic colorectal cancer
Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must be previously untreated, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

Injection

4436L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	880 mg	..	..	*2709.08	40.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ CETUXIMAB

Note Special Pricing Arrangements apply.

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

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

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

Authority required (STREAMLINED)

4912

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for first-line treatment of RAS wild-type metastatic colorectal cancer, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

Injection

10262D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	18	..	*1834.40	40.30	Erbix [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbix [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ CETUXIMAB

Note Special Pricing Arrangements apply.

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

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

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

Authority required (STREAMLINED)

4945

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

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

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

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

Injection

4731B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	11	..	*1834.40	40.30	Erbix [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbix [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ INOTUZUMAB OZOGAMICIN

Caution Careful monitoring of patients is required due to risk of developing hepatotoxicity, including life-threatening hepatic veno-occlusive disease, and the increased risk of post-haematopoietic stem cell transplant non-relapse mortality observed in patients treated with inotuzumab.

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

Note Special Pricing Arrangements apply.

Note A complete remission is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a full recovery of peripheral blood counts with platelets of greater than 100,000 per microliter, and absolute neutrophil count (ANC) of greater than 1,000 per microliter.

Note A complete remission with partial haematological recovery is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a partial recovery of peripheral blood counts with platelets of greater than 50,000 per microliter, and absolute neutrophil count (ANC) of greater than 500 per microliter.

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

- Note** An increase in the maximum number of repeats of up to 2 will be allowed for completion of induction therapy.
Note An increase in the maximum number of repeats of up to 4 will be allowed for completion of consolidation therapy.

Authority required

Acute lymphoblastic leukaemia (ALL)
 Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have a documented history of relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, **AND**
- Patient must have a documented history of receiving intensive combination chemotherapy for initial treatment of ALL or for subsequent salvage therapy, **AND**
- Patient must not have received more than 2 lines of salvage therapy, **AND**
- The condition must be Philadelphia chromosome negative, **AND**
- The condition must be CD22-positive, **AND**
- Patient must have a documented history of more than 5% blasts in bone marrow, **AND**
- Patient must have received treatment with this drug for this condition prior to 1 May 2019, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug. This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

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

Treatment with this drug for this condition must not exceed 6 treatment cycles in a lifetime.

Patients who have received up to three treatment cycles as induction therapy with this drug for this condition prior to 1 May 2019 must have achieved a complete remission or a complete remission with partial haematological recovery in order to continue with PBS-subsidised treatment with this drug.

Patients who have received at least one treatment cycle as consolidation therapy with this drug for this condition prior to 1 May 2019 must have achieved a complete remission or a complete remission with partial haematological recovery in order to continue with PBS-subsidised treatment with this drug.

Patients who fail to demonstrate a complete remission (CR) or complete remission with incomplete haematological recovery (CRi) after 3 cycles of PBS-subsidised treatment with this agent must cease PBS-subsidised treatment with this agent.

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

- (1) a completed authority prescription form;
- (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and
- (3) evidence that the condition is CD22-positive; and
- (4) date of most recent inotuzumab ozogamicin dose, if this was for induction or consolidation therapy, and how many treatment cycle(s) of PBS-subsidised inotuzumab ozogamicin will be required for completion of induction or consolidation therapy; and
- (5) date of latest chemotherapy prior to receiving non-PBS subsidised inotuzumab ozogamicin, and if it was the initial chemotherapy regimen or for salvage therapy and what line of salvage; and
- (6) a copy of bone marrow biopsy report prior to receiving non-PBS subsidised inotuzumab ozogamicin.

Injection

11674K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3384 mcg	1	..	*52522.02	40.30	Besponsa [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)

INOTUZUMAB OZOGAMICIN

Caution Careful monitoring of patients is required due to risk of developing hepatotoxicity, including life-threatening hepatic veno-occlusive disease, and the increased risk of post-haematopoietic stem cell transplant non-relapse mortality observed in patients treated with inotuzumab.

Note No 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 A complete remission is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a full recovery of peripheral blood counts with platelets of greater than 100,000 per microliter, and absolute neutrophil count (ANC) of greater than 1,000 per microliter.

Note A complete remission with partial haematological recovery is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a partial recovery of peripheral blood counts with platelets of greater than 50,000 per microliter, and absolute neutrophil count (ANC) of greater than 500 per microliter.

Note Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time when an assessment is required must cease PBS-subsidised therapy with this agent.

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

Acute lymphoblastic leukaemia (ALL)
 Treatment Phase: Consolidation treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised induction treatment with this drug for this condition, **AND**
 - Patient must have achieved a complete remission; OR
 - Patient must have achieved a complete remission with partial haematological recovery, **AND**
 - The treatment must not be more than 5 treatment cycles under this restriction in a lifetime, **AND**
 - Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.
- This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.
The treatment must not exceed 0.5mg per m² for all doses within a treatment cycle
Treatment with this drug for this condition must not exceed 6 treatment cycles in a lifetime.

Injection

11680R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2820 mcg	4	..	*39412.78	40.30	Besponsa [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)

INOTUZUMAB OZOGAMICIN

Caution Careful monitoring of patients is required due to risk of developing hepatotoxicity, including life-threatening hepatic veno-occlusive disease, and the increased risk of post-haematopoietic stem cell transplant non-relapse mortality observed in patients treated with inotuzumab.

Note No 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 are eligible to receive a loading dose for the first dose of a treatment cycle while receiving induction treatment. Two prescriptions are required, the first prescription for the loading dose at a dose no higher than 0.8mg per m², and the second prescription for two doses at a dose no higher than 0.5mg per m². Both prescriptions must be submitted with the initial application.

Note Once a patient achieves complete remission or complete remission with partial haematological recovery, a new prescription must be written under the consolidation treatment phase.

Note A complete remission is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a full recovery of peripheral blood counts with platelets of greater than 100,000 per microliter, and absolute neutrophil count (ANC) of greater than 1,000 per microliter.

Note A complete remission with partial haematological recovery is defined as bone marrow blasts of less than or equal to 5%, no evidence of disease and a partial recovery of peripheral blood counts with platelets of greater than 50,000 per microliter, and absolute neutrophil count (ANC) of greater than 500 per microliter.

Note Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time when an assessment is required must cease PBS-subsidised therapy with this agent.

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

Prescribing information (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

Acute lymphoblastic leukaemia (ALL)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be relapsed or refractory B-precursor cell ALL, with an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, **AND**
- Patient must have received intensive combination chemotherapy for initial treatment of ALL or for subsequent salvage therapy, **AND**
- Patient must not have received more than 1 line of salvage therapy, **AND**
- The condition must be Philadelphia chromosome negative, **AND**
- The condition must be CD22-positive, **AND**
- The condition must have more than 5% blasts in bone marrow, **AND**
- The treatment must not be more than 3 treatment cycles under this restriction in a lifetime.

This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

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

- (1) two completed authority prescription forms;
- (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and
- (3) evidence that the condition is CD22-positive; and
- (4) date of most recent chemotherapy, and if this was the initial chemotherapy regimen or salvage therapy, including what line of salvage; and
- (5) a copy of the most recent bone marrow biopsy report of no more than one month old at the time of application.

The treatment must not exceed 0.8mg per m² for the first dose of a treatment cycle (Day 1), and 0.5mg per m² for subsequent doses (Days 8 and 15) within a treatment cycle.

Treatment with this drug for this condition must not exceed 6 treatment cycles in a lifetime.

Injection

11696N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3384 mcg	2	..	*52522.02	40.30	Besponsa [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)

▪ **IPILIMUMAB**

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

8569

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- Patient must have received less than 4 doses of combined therapy with ipilimumab and nivolumab as induction therapy for this condition prior to 1 March 2019, **AND**
- The condition must be classified as intermediate to poor risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- Patient must have had a WHO performance status of 2 or less prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- The condition must not have previously been treated prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- The treatment must be in combination with PBS-subsidised-treatment with nivolumab as induction for this condition, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction 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.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

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

Injection

11641Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	2	..	*16962.82	40.30	Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 10 mL vial)

▪ **IPILIMUMAB**

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

8555

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must not have previously been treated, **AND**
- The condition must be classified as intermediate to poor 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 in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

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

Injection

11628B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	3	..	*16962.82	40.30	Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 10 mL vial)

▪ **IPILIMUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6562

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior treatment with ipilimumab, **AND**
- The treatment must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Note For patients who commence therapy with ipilimumab:

- (i) Decisions concerning efficacy should await completion of the entire induction regimen (four doses) and should be made in conjunction with established criteria for immunological responses. However induction may be ceased or delayed if symptomatic progressive disease or intolerable adverse events occur and if, in the opinion of the clinician, continuation of treatment poses a risk to the patient;
- (ii) Tumour responses may occur beyond the initial 12 week induction phase and evaluation for potential later responses should be undertaken regularly for the first year.

Authority required (STREAMLINED)**6585**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Re-induction treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have progressive disease after achieving an initial objective response to the most recent course of ipilimumab treatment (induction or re-induction), **AND**
- The treatment must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

An initial objective response to treatment is defined as either:

- (i) sustained stable disease of greater than or equal to 3 months duration measured from at least 2 weeks after the date of completion of the most recent course of ipilimumab; or
- (ii) a partial or complete response.

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

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.**Authority required (STREAMLINED)****8206**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)**8142**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor); OR
- Patient must be contraindicated to treatment with a BRAF inhibitor according to the TGA approved Product Information; OR
- Patient must have developed intolerance to a BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

8178

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must have received combined therapy with ipilimumab and nivolumab as induction for this condition prior to 1 December 2018, **AND**
- Patient must not have previously received treatment with ipilimumab or a programmed cell death factor 1 (PD-1) inhibitor prior to initiating combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 prior to initiating treatment with this drug for this condition, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

Authority required (STREAMLINED)

8180

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor); OR
- Patient must be contraindicated to treatment with a BRAF inhibitor according to the TGA approved Product Information; OR
- Patient must have developed intolerance to a BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have received combined therapy with ipilimumab and nivolumab as induction for this condition prior to 1 December 2018, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 prior to initiating treatment with this drug for this condition, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks.

Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

Injection

2641B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	3	..	*45092.42	40.30	Yervoy [BQ] (ipilimumab 200 mg/40 mL injection, 40 mL vial) Yervoy [BQ] (ipilimumab 50 mg/10 mL injection, 10 mL vial)

▪ **NIVOLUMAB**

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8552

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 not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Injection

11160J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8568

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Maintenance treatment

Clinical criteria:

- Patient must have previously received of up to maximum 4 doses of PBS-subsidised combined therapy with nivolumab and ipilimumab as induction for this condition, **AND**
- The treatment must be as monotherapy for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

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

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

Injection

11642R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6111

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed a maximum dose of 3 mg per kg every 2 weeks.

Authority required (STREAMLINED)

8143

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Maintenance treatment

Clinical criteria:

- Patient must have previously received of up to maximum 4 doses of PBS-subsidised combined therapy with nivolumab and ipilimumab as induction for this condition, **AND**
- The treatment must be as monotherapy for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

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

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

Injection

10745M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6999

Locally advanced or metastatic non-small cell lung 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 treatment for this condition, **AND**
- Patient must have stable or responding disease.

Authority required (STREAMLINED)

6997

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have received treatment with this drug for this condition prior to 1 August 2017, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- Patient must have a WHO performance status of 0 or 1.

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.

Injection

11153B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7567

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy.

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

Injection

11158G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	8	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

7864

Recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx

Treatment Phase: Initial treatment

Clinical criteria:

- 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 condition must have progressed within 6 months of the last dose of prior platinum based chemotherapy, **AND**
- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor for this condition.

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

Injection

11435W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	8	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6095

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment 1

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor) unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 9 doses at a maximum dose of 3 mg per kg every 2 weeks.

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

Authority required (STREAMLINED)**6070**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment 2

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 9 doses at a maximum dose of 3 mg per kg every 2 weeks.

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

Injection

10764M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	8	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB**Note** No increase in the maximum number of repeats may be authorised.**Note** Special Pricing Arrangements apply.**Note** In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.**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)**8581**

Stage IV clear cell variant renal cell carcinoma (RCC)

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 progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor; OR
- Patient must have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition.

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

Injection

11150W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	8	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB**Note** No increase in the maximum number of repeats may be authorised.**Note** Special Pricing Arrangements apply.**Authority required (STREAMLINED)****7787**

Recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx

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

Authority required (STREAMLINED)

7802

Recurrent or metastatic squamous cell carcinoma of the oral cavity, pharynx or larynx

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 August 2018, **AND**
 - Patient must have had a WHO performance status of 0 or 1, **AND**
 - The condition must have progressed within 6 months of the last dose of prior platinum based chemotherapy, prior to commencing non-PBS-subsidised treatment with this drug for this condition, **AND**
 - Patient must not have developed disease progression while receiving non-PBS-subsidised treatment with this drug for this condition, **AND**
 - The treatment must be the sole PBS-subsidised therapy 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.

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

Injection

11411N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	11	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

8571

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Grandfather patients

Clinical criteria:

- Patient must have received less than 4 doses of combined therapy with ipilimumab and nivolumab as induction therapy for this condition prior to 1 March 2019; OR
- Patient must have received monotherapy with nivolumab as maintenance for this condition prior to 1 March 2019, **AND**
- The condition must be classified as intermediate to poor risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- Patient must have had a WHO performance status of 2 or less prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- The condition must not have previously been treated prior to initiating non-PBS-subsidised induction therapy with nivolumab and ipilimumab, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition; OR
- Patient must not have developed disease progression while being treated with monotherapy with nivolumab as maintenance for this condition, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition; OR
- The treatment must be as monotherapy as maintenance for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.

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

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

Injection

11631E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	2	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

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

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

8573

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must not have previously been treated, **AND**
- The condition must be classified as intermediate to poor 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 in combination with PBS-subsidised treatment with ipilimumab as induction for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Injection

11636K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	3	..	*7561.36	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

■ NIVOLUMAB

Caution Combination treatment with ipilimumab and nivolumab is associated with an increase incidence and severity of immune-related adverse reactions compared with monotherapy with these agents. Monitoring at least prior to each dose is recommended.

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8182

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Authority required (STREAMLINED)

8141

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor); OR
- Patient must be contraindicated to treatment with a BRAF inhibitor according to the TGA approved Product Information; OR
- Patient must have developed intolerance to a BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Authority required (STREAMLINED)

8146

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must have received combined therapy with ipilimumab and nivolumab as induction for this condition prior to 1 December 2018; OR
- Patient must have received monotherapy with nivolumab as maintenance for this condition prior to 1 December 2018, **AND**
- Patient must not have previously received treatment with ipilimumab or a programmed cell death factor 1 (PD-1) inhibitor prior to initiating combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition; OR
- Patient must not have developed disease progression while being treated with monotherapy with nivolumab as maintenance for this condition, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 prior to initiating treatment with this drug for this condition, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition; OR
- The treatment must be as monotherapy as maintenance for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. Maintenance treatment with nivolumab must not exceed a maximum dose of 3 mg per kg every 2 weeks.

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

Authority required (STREAMLINED)

8220

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Induction treatment - Grandfather patients

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor); OR
- Patient must be contraindicated to treatment with a BRAF inhibitor according to the TGA approved Product Information; OR
- Patient must have developed intolerance to a BRAF inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have received combined therapy with ipilimumab and nivolumab as induction for this condition prior to 1 December 2018; OR
- Patient must have received monotherapy with nivolumab as maintenance for this condition prior to 1 December 2018, **AND**
- Patient must not have previously received treatment with ipilimumab or a programmed cell death factor 1 (PD-1) inhibitor prior to initiating combined therapy with ipilimumab and nivolumab as induction for this condition, **AND**
- Patient must not have developed disease progression while being treated with combined therapy with ipilimumab and nivolumab as induction for this condition; OR
- Patient must not have developed disease progression while being treated with monotherapy with nivolumab as maintenance for this condition, **AND**
- Patient must have had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 prior to initiating treatment with this drug for this condition, **AND**
- The condition must not be ocular or uveal melanoma, **AND**
- The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition; OR
- The treatment must be as monotherapy as maintenance for this condition.

Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. Maintenance treatment with nivolumab must not exceed a maximum dose of 3 mg per kg every 2 weeks.

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

Injection

11543M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	3	..	*2577.16	40.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **OBINUTUZUMAB**

Note No 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 II bulky or Stage III/IV follicular lymphoma

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have previously received PBS subsidised treatment with this drug under the previously untreated initial restriction; OR
- Patient must have previously received PBS subsidised treatment with this drug under the previously untreated grandfather restriction, **AND**
- The condition must be CD20 positive, **AND**
- Patient must have demonstrated a partial or complete response to PBS subsidised induction treatment with this drug for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- The treatment must not exceed 12 doses or 2 years duration of treatment, whichever comes first, under this restriction, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Injection

11462G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*5378.06	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

OBINUTUZUMAB**Note** No 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**

Follicular lymphoma

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have previously received PBS subsidised treatment with this drug under the rituximab refractory initial restriction; OR
- Patient must have previously received PBS subsidised treatment with this drug under the rituximab refractory grandfather restriction, **AND**
- The condition must be CD20 positive, **AND**
- The condition must have been refractory to treatment with rituximab, **AND**
- Patient must have demonstrated a partial or complete response to PBS subsidised re-induction treatment with this drug for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- The treatment must not exceed 12 doses or 2 years duration of treatment, whichever comes first, under this restriction, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Injection

11468N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*5378.06	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

OBINUTUZUMAB**Note** No 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**

Follicular lymphoma

Treatment Phase: Re-induction treatment

Clinical criteria:

- Patient must not have previously received PBS subsidised obinutuzumab, **AND**
- The condition must be CD20 positive, **AND**
- The condition must be refractory to treatment with rituximab for this condition, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for re-induction treatment purposes only, **AND**
- The treatment must be in combination with bendamustine, **AND**
- The treatment must not exceed 8 doses for re-induction treatment with this drug for this condition.

The condition is considered rituximab-refractory if the patient experiences less than a partial response or progression of disease within 6 months after completion of a prior rituximab-containing regimen.

A patient may only qualify for PBS subsidised initiation treatment once in a lifetime under:

- i) the previously untreated induction treatment restriction; or
- ii) the rituximab-refractory re-induction restriction; or
- iii) the previously untreated grandfather restriction; or
- iv) the rituximab-refractory grandfather restriction.

Authority required

Follicular lymphoma

Treatment Phase: Grandfather treatment - rituximab refractory

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 October 2018, **AND**
- The condition must be CD20 positive, **AND**
- The condition must have been refractory to treatment with rituximab prior to initiating non-PBS treatment this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must be in combination with bendamustine for re-induction treatment, **AND**
- The treatment must not exceed 8 doses for re-induction treatment with this drug for this condition; OR
- Patient must have demonstrated a partial or complete response to re-induction treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for maintenance treatment; AND
- The treatment must not exceed 12 doses or 2 years duration of maintenance treatment, whichever comes first.

The condition is considered rituximab-refractory if the patient experiences less than a partial response or progression of disease within 6 months after completion of a prior rituximab-containing regimen.

A patient may only qualify for PBS subsidised initiation treatment once in a lifetime under:

- i) the previously untreated induction treatment restriction; or
- ii) the rituximab-refractory re-induction restriction; or
- iii) the previously untreated grandfather restriction; or
- iv) the rituximab-refractory grandfather restriction.

Injection

11457B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	7	..	*5378.06	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OBINUTUZUMAB**

Note No 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 II bulky or Stage III/IV follicular lymphoma

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The condition must be previously untreated, **AND**
- The condition must be symptomatic, **AND**
- The treatment must be for induction treatment purposes only, **AND**
- The treatment must be in combination with chemotherapy, **AND**
- The treatment must not exceed 10 doses for induction treatment with this drug for this condition.

A patient may only qualify for PBS subsidised initiation treatment once in a lifetime under:

- i) the previously untreated induction treatment restriction; or
- ii) the rituximab-refractory re-induction restriction; or
- iii) the previously untreated grandfather restriction; or
- iv) the rituximab-refractory grandfather restriction.

Authority required

Stage II bulky or Stage III/IV follicular lymphoma

Treatment Phase: Grandfather treatment - previously untreated setting

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this condition prior to 1 October 2018, **AND**
- The condition must be CD20 positive, **AND**
- The condition must have been untreated prior to initiating non-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, **AND**
- The treatment must be in combination with chemotherapy for induction treatment, **AND**
- The treatment must not exceed 10 doses for induction treatment with this drug for this condition; OR
- Patient must have demonstrated a partial or complete response to induction treatment with this drug for this condition for maintenance treatment, **AND**
- The treatment must be the sole PBS subsidised treatment for maintenance treatment; AND

- The treatment must not exceed 12 doses or 2 years duration of maintenance treatment, whichever comes first. A patient may only qualify for PBS subsidised initiation treatment once in a lifetime under:
 - i) the previously untreated induction treatment restriction; or
 - ii) the rituximab-refractory re-induction restriction; or
 - iii) the previously untreated grandfather restriction; or
 - iv) the rituximab-refractory grandfather restriction.

Injection

11458C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	9	..	*5378.06	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ OBINUTUZUMAB

Note No 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 Obinutuzumab is not to be used as monotherapy or in combination with anti-cancer drugs other than chlorambucil.

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

Authority required (STREAMLINED)

8184

Chronic lymphocytic leukaemia (CLL)

Clinical criteria:

- The condition must be CD20 positive, **AND**
- The condition must be previously untreated, **AND**
- Patient must be inappropriate for fludarabine based chemo-immunotherapy, **AND**
- The treatment must be in combination with chlorambucil, **AND**
- Patient must have a creatinine clearance 30 mL/min or greater, **AND**
- Patient must have a total cumulative illness rating scale (CIRS) score of greater than 6 (excluding CLL-induced illness or organ damage); OR
- Patient must have a creatinine clearance less than 70 mL/min.

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

Injection

10407R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	7	..	*5378.06	40.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ OFATUMUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4858

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Continuing treatment

Clinical criteria:

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

Injection

10236R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*3470.65	40.30	Arzerra [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial)

▪ OFATUMUMAB

Note An initial dose of 1300 mg of PBS-subsidised ofatumumab must be made up of 3 vials of 100 mg and 1 vial of 1000 mg.

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4828

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Initial treatment

Clinical criteria:

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

Injection

10252N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	5	..	*3470.65	40.30	Arzerra [NV] (ofatumumab 1 g/50 mL injection, 50 mL vial)

Injection

10249K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	..	..	*1100.74	40.30	Arzerra [NV] (ofatumumab 100 mg/5 mL injection, 3 x 5 mL vials)

▪ **PANITUMUMAB**

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

Authority required (STREAMLINED)

5439

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
 - Patient must have a WHO performance status of 2 or less, **AND**
 - The condition must have failed to respond to first-line chemotherapy, **AND**
 - The treatment must be as monotherapy; OR
 - The treatment must be in combination with chemotherapy, **AND**
 - The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.
- Patients who have progressive disease on cetuximab are not eligible to receive PBS-subsidised panitumumab. Patients who have developed intolerance to cetuximab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised panitumumab.

Authority required (STREAMLINED)

5447

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for treatment of RAS wild-type metastatic colorectal cancer after failure of first-line chemotherapy, **AND**
 - Patient must not have progressive disease, **AND**
 - The treatment must be as monotherapy; OR
 - The treatment must be in combination with chemotherapy, **AND**
 - The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.
- Patients who have progressive disease on cetuximab are not eligible to receive PBS-subsidised panitumumab. Patients who have developed intolerance to cetuximab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised panitumumab.

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

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

Injection

10082P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	720 mg	5	..	*3878.04	40.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 20 mL vial)

▪ **PANITUMUMAB**

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

5526

Metastatic colorectal cancer

Treatment Phase: Initial Treatment

Clinical criteria:

- Patient must have RAS wild-type metastatic colorectal cancer, **AND**
 - Patient must have a WHO performance status of 0 or 1, **AND**
 - The condition must be previously untreated, **AND**
 - The treatment must be in combination with first-line chemotherapy, **AND**
 - The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.
- Patients who have progressive disease on cetuximab are not eligible to receive PBS-subsidised panitumumab.

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

Authority required (STREAMLINED)

5452

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for panitumumab for first-line treatment of RAS wild-type metastatic colorectal cancer, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with first-line chemotherapy, **AND**
- The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition.

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

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

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

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

Injection

10513H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	720 mg	9	..	*3878.04	40.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 20 mL vial)

▪ **PEMBROLIZUMAB**

Note Special Pricing Arrangements apply.

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

Authority required (STREAMLINED)

9044

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed a maximum dose administered every 3 weeks fixed at 200 mg.

Injection

10436G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	7	..	*9005.06	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial) Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

▪ **PEMBROLIZUMAB**

Note Special Pricing Arrangements apply.

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

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

Authority required (STREAMLINED)

9178

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment 1

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must have progressed following treatment with a BRAF inhibitor (with or without a MEK inhibitor) unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 6 doses administered every 3 weeks, with each maximum dose fixed at 200 mg. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Authority required (STREAMLINED)

9127

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment 2

Clinical criteria:

- The condition must be negative for a BRAF V600 mutation, **AND**
- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 6 doses administered every 3 weeks, with each maximum dose fixed at 200 mg. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.

Injection

10493G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	5	..	*9005.06	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)
						Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

▪ **PEMBROLIZUMAB**

Note No 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

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have undergone an autologous stem cell transplant (ASCT) for this condition and have experienced relapsed or refractory disease post ASCT; OR
- Patient must not be suitable for ASCT for this condition and have experienced relapsed or refractory disease following at least 2 prior treatments for this condition, **AND**
- Patient must not have received prior treatment with a PD-1 (programmed cell death-1) inhibitor for this condition, **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;
- (b) a completed Hodgkin lymphoma pembrolizumab PBS Authority 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

Relapsed or Refractory Hodgkin 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 develop disease progression while receiving PBS-subsidised treatment with this drug for this condition. The treatment must not exceed a total of 35 cycles in a lifetime.

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

Relapsed or Refractory Hodgkin lymphoma

Treatment Phase: Initial treatment - Grandfathered patients

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with a programmed cell death 1 (PD-1) inhibitor for this condition prior to 1 May 2018, **AND**
- Patient must have undergone an autologous stem cell transplant (ASCT) for this condition and have experienced relapsed or refractory disease post ASCT prior to receiving treatment with a PD-1 inhibitor for this condition; OR
- Patient must not have been suitable for ASCT for this condition and have experienced relapsed or refractory disease following at least 2 prior treatments for this condition prior to receiving treatment with a PD-1 inhibitor for this condition, **AND**

AND

- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 35 cycles in a lifetime.

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.

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

- (a) a completed authority prescription form;
- (b) a completed Hodgkin lymphoma pembrolizumab PBS Authority Application for Grandfathered patients.

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

Injection

11330H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*9005.06	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)
						Keytruda [MK] (pembrolizumab 50 mg injection, 1 vial)

■ PEMBROLIZUMAB

Note No 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)

8563

Locally advanced (Stage III) or metastatic (Stage IV) urothelial cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised treatment for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy; OR
- The condition must have progressed on or within 12 months of completion of adjuvant platinum-containing chemotherapy following cystectomy for localised muscle-invasive urothelial cancer; OR
- The condition must have progressed on or within 12 months of completion of neoadjuvant platinum-containing chemotherapy prior to cystectomy for localised muscle-invasive urothelial cancer, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not exceed a total of 7 doses at a maximum dose of 200 mg every 3 weeks for this condition under this restriction.

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

Authority required (STREAMLINED)

8543

Locally advanced (Stage III) or metastatic (Stage IV) urothelial 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 treatment for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed 35 cycles in total or up to 24 months of treatment, at a dose of 200 mg every 3 weeks with this drug for this condition.

Authority required (STREAMLINED)

8542

Locally advanced (Stage III) or metastatic (Stage IV) urothelial cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have received non-PBS treatment with this drug for this condition prior to 1 March 2019, **AND**
- The treatment must be the sole PBS-subsidised treatment for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy prior to initiating treatment with this drug for this condition; OR
- The condition must have progressed on or within 12 months of completion of adjuvant platinum-containing chemotherapy following cystectomy for localised muscle-invasive urothelial cancer prior to initiating treatment with this drug for this condition; OR
- The condition must have progressed on or within 12 months of completion of neoadjuvant platinum-containing chemotherapy prior to cystectomy for localised muscle-invasive urothelial cancer prior to initiating treatment with this drug for this condition, **AND**
- Patient must have a WHO performance status of 2 or less prior to initiating treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed 35 cycles in total or up to 24 months of treatment, at a dose of 200 mg every 3 weeks with this drug for this condition.

Note Patients 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.

Injection

11646Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*9005.06	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

▪ **PEMBROLIZUMAB**

Note No 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)

8122

Previously untreated Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously been treated for this condition in the metastatic setting, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must express programmed cell death ligand 1 (PD-L1) with a tumour score of at least 50% in the tumour sample; **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- The treatment must not exceed a total of 7 doses at a maximum dose of 200 mg every 3 weeks for this condition under this restriction.

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

Authority required (STREAMLINED)

8123

Previously untreated 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 November 2018, **AND**
- Patient must not have had been treated for this condition in the metastatic setting prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **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 condition must express programmed cell death ligand 1 (PD-L1) with a tumour score of at least 50% in the tumour sample prior to initiation of non-PBS subsidised treatment with this drug for this condition; **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- The treatment must not exceed 35 doses in total or up to 24 months of treatment, at a dose of 200 mg every 3 weeks, with this drug for this condition.

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

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

Note Following completion of the initial PBS subsidised course, further applications for treatment will be assessed under the continuing treatment restriction.

Authority required (STREAMLINED)

8124

Previously untreated Stage IV (metastatic) non-small cell lung cancer (NSCLC)

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, **AND**
- The treatment must be the sole PBS-subsidised treatment for this condition, **AND**
- The treatment must not exceed 35 doses in total or up to 24 months of treatment, at a dose of 200 mg every 3 weeks, with this drug for this condition.

Injection

11494Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*9005.06	40.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

■ PERTUZUMAB

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not have received prior anti-HER2 therapy for this condition, **AND**
- Patient must not have received prior chemotherapy for this condition, **AND**
- The treatment must be in combination with trastuzumab and a taxane, **AND**
- The treatment must not be in combination with nab-paclitaxel, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

(a) a completed authority prescription form; and

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

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

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

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

Injection

10267J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	..	..	*6229.80	40.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial)

■ PERTUZUMAB

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority required

HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015; OR
- Patient must have received non-PBS-subsidised trastuzumab for this condition before 1 July 2015, **AND**
- Patient must not have received non-PBS-subsidised treatment with trastuzumab for this condition before 1 July 2014, **AND**
- Patient must not have received prior therapy with trastuzumab emtansine or lapatinib for this condition, **AND**
- The treatment must be in combination with trastuzumab, **AND**

- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.
- Authority applications for treatment must be made in writing and must include a completed authority prescription form and a copy of the signed patient acknowledgement form.
- Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

Injection

10309N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	1	..	*6229.80	40.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial)

▪ **PERTUZUMAB**

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- The treatment must be in combination with trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

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

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

Injection

10333W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	420 mg	3	..	*3157.43	40.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial)

▪ **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).

Injection

4614W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	7	..	*2556.26	40.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ **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.

Injection

4613T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	7	..	*2556.26	40.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ 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.

Injection

4615X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	5	..	*2556.26	40.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ RITUXIMAB**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.**Note** No increase in the maximum number of repeats may be authorised.**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.

Injection

10179R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	11	..	*2556.26	40.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials)
						Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ TRASTUZUMAB**Authority required**

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

Clinical criteria:

- Patient must commence treatment concurrently with adjuvant chemotherapy, **AND**
- Patient must have undergone surgery, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. HER2 positivity must be demonstrated by in situ hybridisation (ISH). Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

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

Authority required

Locally advanced HER2 positive breast cancer
Treatment Phase: Initial treatment (weekly regimen)

Clinical criteria:

- Patient must commence treatment concurrently with neoadjuvant chemotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

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

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

- (a) a completed authority prescription form; and
- (b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:
 - (i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and
 - (ii) a copy of the signed patient acknowledgement form.

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

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

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

Prescribing information (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

Injection

4632T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	500 mg	..	..	*1898.01	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ **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.

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

Authority required

Locally advanced HER2 positive breast cancer
Treatment Phase: Initial treatment (3 weekly regimen)

Clinical criteria:

- Patient must commence treatment concurrently with neoadjuvant chemotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

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

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

- (a) a completed authority prescription form; and
- (b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:
 - (i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and
 - (ii) a copy of the signed patient acknowledgement form.

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

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

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

Prescribing information (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

Injection

4650R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3710.96	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ TRASTUZUMAB

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

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

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 not be in combination with nab-paclitaxel, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

(a) a completed authority prescription form; and

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

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

Injection

10391X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3710.96	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ TRASTUZUMAB

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

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

Injection

10401K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2751.16	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ **TRASTUZUMAB**

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

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

Authority required

HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

Injection

10423N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	3	..	*3710.96	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

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

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

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

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

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) positivity as demonstrated by immunohistochemistry 2+ or more in tumour material, **AND**
- Patient must have evidence of HER2 gene amplification as demonstrated by in situ hybridisation results based on more than 6 copies of HER2 in the same tumour tissue sample, **AND**
- Patient must have evidence of HER2 gene amplification as demonstrated by in situ hybridisation results based on the ratio of HER2 to chromosome 17 being more than 2 in the same tumour tissue sample, **AND**
- Patient must commence treatment in combination with cisplatin and capecitabine; OR
- Patient must commence treatment in combination with cisplatin and 5 fluorouracil, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- Patient must not have received prior chemotherapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

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

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

Injection

10581X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3710.96	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

■ TRASTUZUMAB

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

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

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

Authority required

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

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

Injection

10588G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2751.16	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

■ TRASTUZUMAB

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

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

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Continuing treatment (weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

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

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

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

Authority required

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

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

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

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

Injection

4639E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	9	..	*1044.86	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

■ TRASTUZUMAB

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

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

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

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

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

Authority required

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

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

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

Injection

4703M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2751.16	40.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial)

■ TRASTUZUMAB EMTANSINE

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

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

- Patient must have received non-PBS-subsidised trastuzumab for this condition before 1 July 2015; OR
- Patient must have received PBS-subsidised lapatinib for this condition before 1 July 2015, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

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

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

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**
- The condition must have progressed following treatment with pertuzumab and trastuzumab in combination; OR
- The condition must have progressed during or within 6 months of completing adjuvant therapy with trastuzumab, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

(a) a completed authority prescription form; and

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

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

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

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

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

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

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

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

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

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

Applications for authority to prescribe should be forwarded to:

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

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

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

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

The treatment must not exceed a lifetime total of one continuous course.

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

Injection

10282E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	8	..	*7642.94	40.30	Kadcyla [RO] (trastuzumab emtansine 100 mg injection, 1 vial) Kadcyla [RO] (trastuzumab emtansine 160 mg injection, 1 vial)

Other antineoplastic agents

▪ **ARSENIC**

Authority required (STREAMLINED)

6018

Acute promyelocytic leukaemia

Treatment Phase: Induction and consolidation treatment

Clinical criteria:

- The condition must be characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript.

Injection

10691Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	18 mg	140	..	*806.56	40.30	Phenasen [FF] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)

▪ **ARSENIC**

Authority required (STREAMLINED)

4793

Acute promyelocytic leukaemia

Treatment Phase: Induction and consolidation treatment

Clinical criteria:

- The condition must be characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript, **AND**
- The condition must be relapsed, **AND**
- Patient must be arsenic naive at induction.

Authority required (STREAMLINED)

5997

Acute promyelocytic leukaemia

Clinical criteria:

- The condition must be characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript.

Injection

4371C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	18 mg	89	..	*806.56	40.30	Phenasen [FF] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)

▪ **BORTEZOMIB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7962

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have previously received 8 treatment cycles of bortezomib for progressive disease, **AND**
- Patient must have demonstrated at the completion of cycle 8 at least a partial response to bortezomib, **AND**
- Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**
- Patient must not have a gap of more than 10 months between the initial PBS-subsidised treatment with this drug for this condition and continuing PBS-subsidised treatment with this drug for this condition following completion of 8 treatment cycles, **AND**
- Patient must not receive more than 3 cycles of bortezomib under this restriction.

Diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

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

A response assessment prior to cycle 9 must be documented in the patient's medical records.

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

Injection

4712B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	11	..	*1341.15	40.30	Velcade [JC] (bortezomib 3 mg injection, 1 vial) Velcade [JC] (bortezomib 3.5 mg injection, 1 vial)

■ BORTEZOMIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7960

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have previously received 8 treatment cycles of bortezomib in the current treatment course, **AND**
- Patient must have demonstrated at the completion of cycle 8 at least a partial response to bortezomib, **AND**
- Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**
- Patient must not have a gap of more than 10 months between the initial PBS-subsidised treatment with this drug for this condition and continuing PBS-subsidised treatment with this drug for this condition following completion of 8 treatment cycles, **AND**
- Patient must not receive more than 3 cycles of bortezomib under this restriction.

Diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

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

A response assessment prior to cycle 9 must be documented in the patient's medical records.

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

Injection

4725Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	11	..	*1341.15	40.30	Velcade [JC] (bortezomib 3 mg injection, 1 vial) Velcade [JC] (bortezomib 3.5 mg injection, 1 vial)

■ BORTEZOMIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7992

Symptomatic multiple myeloma

Clinical criteria:

- Patient must be newly diagnosed, **AND**
 - Patient must be eligible for high dose chemotherapy and autologous stem cell transplantation, **AND**
 - Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
 - The treatment must be in combination with chemotherapy, **AND**
 - Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.
- Details of the histological diagnosis of multiple myeloma must be documented in the patient's medical records.

Injection

4732C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1341.15	40.30	Velcade [JC] (bortezomib 1 mg injection, 1 vial) Velcade [JC] (bortezomib 3 mg injection, 1 vial)

▪ **BORTEZOMIB**

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7940

Symptomatic multiple myeloma

Treatment Phase: Continuing PBS-subsidised treatment

Clinical criteria:

- Patient must have received an initial authority prescription for bortezomib for newly diagnosed symptomatic multiple myeloma and be ineligible for high dose chemotherapy, **AND**
 - Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
 - Patient must not have achieved a best confirmed response to bortezomib at the time of prescribing, **AND**
 - Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
 - The treatment must be in combination with a corticosteroid and melphalan or cyclophosphamide, **AND**
 - Patient must not receive more than 5 cycles of treatment with bortezomib under this restriction.
- Continuing PBS-subsidised supply requires that the gap between the initial PBS-subsidised treatment with this drug for this condition and this continuing treatment is no more than 6 months.

Authority required (STREAMLINED)

7941

Symptomatic multiple myeloma

Treatment Phase: Continuing PBS-subsidised treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for newly diagnosed symptomatic multiple myeloma, **AND**
- Patient must have severe acute renal failure, **AND**
- Patient must have demonstrated at least a partial response at the completion of cycle 4, **AND**
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
- Patient must not receive more than 5 cycles of treatment with bortezomib under this restriction.

A copy of the current pathology reports reporting Glomerular Filtration Rate from an Approved Pathology authority and diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

Continuing PBS-subsidised supply requires that the gap between the initial PBS-subsidised treatment with this drug for this condition and this continuing treatment is no more than 6 months.

Injection

4429D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	19	..	*1341.15	40.30	Velcade [JC] (bortezomib 1 mg injection, 1 vial)

▪ BORTEZOMIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7963

Symptomatic multiple myeloma

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- Patient must be ineligible for high dose chemotherapy, **AND**
- Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
- The treatment must be in combination with a corticosteroid and melphalan or cyclophosphamide, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Authority required (STREAMLINED)

7984

Symptomatic multiple myeloma

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- Patient must have severe acute renal failure, **AND**
- Patient must require dialysis; OR
- Patient must be at high risk of requiring dialysis in the opinion of a nephrologist, **AND**
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must not be receiving concomitant PBS-subsidised thalidomide or its analogues, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Details of the histological diagnosis of multiple myeloma, the name of the nephrologist who has reviewed the patient and the date of review, a copy of the current pathology reports reporting Glomerular Filtration Rate from an Approved Pathology Authority, and nomination of the disease activity parameter(s) that will be used to assess response must be documented in the patient's medical records. Disease activity parameters include current diagnostic reports of at least one of the following:

- the level of serum monoclonal protein; or
- Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- in oligo-secretory and non-secretory myeloma patients only, the serum level of free kappa and lambda light chains; or
- bone marrow aspirate or trephine; or
- if present, the size and location of lytic bone lesions (not including compression fractures); or
- if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. Magnetic Resonance Imaging (MRI) or computed tomography (CT) scan; or
- if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be documented in the patient's medical records for all patients.

Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be documented in the patient's medical records.

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

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

Injection

4403R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	31	..	*1341.15	40.30	Velcade [JC] (bortezomib 1 mg injection, 1 vial) Velcade [JC] (bortezomib 3 mg injection, 1 vial)

▪ BORTEZOMIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7961

Multiple myeloma

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

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have progressive disease after at least one prior therapy, **AND**
- Patient must have undergone or be ineligible for a primary stem cell transplant, **AND**

- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

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

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

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

Details of the histological diagnosis of multiple myeloma, prior treatments including name(s) of drug(s) and date of most recent treatment cycle and record of prior stem cell transplant or ineligibility for prior stem cell transplant; details of the basis of the diagnosis of progressive disease or failure to respond; and nomination of which disease activity parameters will be used to assess response must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

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

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

Authority required (STREAMLINED)

7974

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have previously received 4 treatment cycles of bortezomib for progressive disease, **AND**
- Patient must have demonstrated at the completion of cycle 4 at least a partial response to bortezomib, **AND**
- Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**
- Patient must not have a gap of more than 6 months between the initial PBS-subsidised treatment with this drug for this condition and continuing PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

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

A response assessment prior to cycle 5 must be documented in the patient's medical records.

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

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

Injection

4706Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1341.15	40.30	Velcade [JC] (bortezomib 3 mg injection, 1 vial)
						Velcade [JC] (bortezomib 3.5 mg injection, 1 vial)

■ BORTEZOMIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7938

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have progressive disease, **AND**
- Patient must have previously been treated with PBS-subsidised bortezomib, **AND**
- Patient must have experienced at least a partial response to the most recent course of PBS-subsidised bortezomib therapy, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

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

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

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein. If serum M protein is measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as at least a 50% reduction in the level of serum M protein (monoclonal protein).

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

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

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

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

Details of the basis of the current diagnosis of progressive disease and nomination of which disease activity parameters that will be used to assess response, and diagnostic reports demonstrating the patient has achieved at least a partial response to the most recent course of PBS-subsidised bortezomib, if not previously documented must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

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

As these parameters must be used to determine response, results for either (a) or (b) or (c) must be documented in the patient's medical records. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records.

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

Authority required (STREAMLINED)

7939

Multiple myeloma

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

Clinical criteria:

- The treatment must be as monotherapy; OR
- The treatment must be in combination with a corticosteroid and/or cyclophosphamide, **AND**
- Patient must have previously received 4 treatment cycles of bortezomib in the current treatment course, **AND**
- Patient must have demonstrated at the completion of cycle 4 at least a partial response to bortezomib, **AND**
- Patient must not have received 2 treatment cycles after first achieving a confirmed complete response, **AND**
- Patient must not have a gap of more than 6 months between the initial PBS-subsidised treatment with this drug for this condition and continuing PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 4 cycles of treatment with bortezomib under this restriction.

Diagnostic reports demonstrating the patient has achieved at least a partial response must be documented in the patient's medical records.

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

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

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

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

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

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

A response assessment prior to cycle 5 must be documented in the patient's medical records.

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

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

Injection

4713C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*1341.15	40.30	Velcade [JC] (bortezomib 3 mg injection, 1 vial) Velcade [JC] (bortezomib 3.5 mg injection, 1 vial)

▪ **CARFILZOMIB**

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

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

Note Special Pricing Arrangements apply.

Authority required

Multiple myeloma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be in combination with dexamethasone, **AND**
- Patient must have progressive disease after at least one prior therapy, **AND**
- Patient must have undergone or be ineligible for a stem cell transplant, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- Patient must not receive more than three cycles of treatment under this restriction.

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

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

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

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

Authority required

Multiple myeloma

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 dexamethasone, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- Patient must not receive more than 3 cycles of treatment per continuing treatment course authorised under this restriction. Progressive disease is defined as at least 1 of the following:

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

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

Authority required

Multiple myeloma

Treatment Phase: Grandfathering

Clinical criteria:

- Patient must have received treatment with this drug for this condition prior to 1 January 2018, **AND**
- Patient must have a documented histological diagnosis, **AND**
- The treatment must be in combination with dexamethasone, **AND**
- Patient must have had documented progressive disease after at least one prior therapy prior to commencing non-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, **AND**
- Patient must have undergone or be ineligible for a stem cell transplant, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- Patient must not receive more than three cycles of treatment under this restriction.

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

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

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

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.

Injection

11229B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	17	..	*2622.94	40.30	Kyprolis [AN] (carfilzomib 10 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 30 mg injection, 1 vial)

▪ **ERIBULIN**

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

Authority required (STREAMLINED)

4649

Locally advanced or metastatic breast cancer

Clinical criteria:

- Patient must have progressive disease, **AND**
- Patient must have failed at least two prior chemotherapeutic regimens for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Injection

10144X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3 mg	13	..	*805.06	40.30	Halaven [EI] (eribulin mesilate 1 mg/2 mL injection, 2 mL vial)

▪ **ERIBULIN**

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

Authority required (STREAMLINED)

7258

Advanced (unresectable and/or metastatic) liposarcoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have an ECOG performance status of 2 or less, **AND**
- The condition must be dedifferentiated, myxoid, round-cell or pleomorphic subtype, **AND**
- Patient must have received prior chemotherapy treatment including an anthracycline and ifosfamide (unless contraindicated) for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Population criteria:

- Patient must be aged 18 years or older.

Authority required (STREAMLINED)

7280

Advanced (unresectable and/or metastatic) liposarcoma

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 progressive disease while being treated with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Population criteria:

- Patient must be aged 18 years or older.

Injection

11212D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3 mg	7	..	*805.06	40.30	Halaven [EI] (eribulin mesilate 1 mg/2 mL injection, 2 mL vial)

▪ **IRINOTECAN**

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

Injection

4451G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	11	..	*149.94	40.30	Hospira Pty Limited [PF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) Hospira Pty Limited [PF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial) Irinotecan Accord [OC] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) IRINOTECAN ACT [JU] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) IRINOTECAN ACT [JU] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) Irinotecan Alphapharm [AF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial) Irinotecan Kabi [PK] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) MEDITAB IRINOTECAN [LR] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial)

MEDITAB IRINOTECAN [LR] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 2 mL vial)
 Omegapharm Irinotecan [OE] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial)
 Omegapharm Irinotecan [OE] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 2 mL vial)

▪ **TOPOTECAN**

Authority required (STREAMLINED)

6238

Advanced metastatic ovarian cancer

Clinical criteria:

- Patient must have failed prior therapy which included a platinum compound.

Injection

4617B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3500 mcg	17	..	*117.14	40.30	Hycamtin [SZ] (topotecan 4 mg injection, 5 vials)

Related Pharmaceutical Benefits for Public Hospital use

ALIMENTARY TRACT AND METABOLISM.....	130
ANTIEMETICS AND ANTINAUSEANTS.....	130
ANTIEMETICS AND ANTINAUSEANTS	130
<hr/>	
ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS	133
ANTINEOPLASTIC AGENTS	133
OTHER ANTINEOPLASTIC AGENTS.....	133
IMMUNOSTIMULANTS	136
IMMUNOSTIMULANTS	136
<hr/>	
VARIOUS	137
ALL OTHER THERAPEUTIC PRODUCTS	137
ALL OTHER THERAPEUTIC PRODUCTS.....	137

ALIMENTARY TRACT AND METABOLISM

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 2 mg tablet, 1

5898K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2	..	..	*16.58	17.83	Kytril [IX]

granisetron 3 mg/3 mL injection, 3 mL ampoule

5899L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	1.92	3.17	^a Granisetron-AFT [AE] ^a Kytril [IX]	^a Granisetron Kabi [PK]

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

10714X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	‡1	5	..	97.16	40.30	Akynzeo [MF]

■ 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

5848T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	‡1	..	..	80.78	40.30	Zofran syrup 50 mL [AS]

ondansetron 8 mg tablet, 4

5968D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	5.35	6.60	^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 4 mg tablet, 4

5967C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	3.41	4.66	^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**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

5971G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	.32	1.57	^a Ondansetron Alphapharm [AF]	^a Onsetron [ZP]

ondansetron 8 mg/4 mL injection, 4 mL ampoule

5972H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	.51	1.76	^a Ondansetron Alphapharm [AF]	^a Onsetron [ZP]

■ ONDANSETRON

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 4 mg and pharmaceutical benefits that have the form ondansetron 4 mg wafer are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 8 mg and pharmaceutical benefits that have the form ondansetron 8 mg wafer are equivalent for the purposes of substitution.

Restricted benefit

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 8 mg wafer, 4

5970F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	^b 2.28	7.63	6.60	^a Zofran Zydis [AS]

ondansetron 8 mg orally disintegrating tablet, 4

5858H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	5.35	6.60	^a Ondansetron AN ODT [EA]	^a Ondansetron Mylan ODT [AF]
						^a Ondansetron ODT-DRLA [RZ]	^a Ondansetron ODT GH [GQ]
						^a Ondansetron SZ ODT [HX]	

ondansetron 4 mg wafer, 4

5969E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	^B 2.28	5.69	4.66	^a Zofran Zydis [AS]

ondansetron 4 mg orally disintegrating tablet, 4

5857G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	3.41	4.66	^a Ondansetron AN ODT [EA]	^a Ondansetron Mylan ODT [AF]
						^a Ondansetron ODT-DRLA [RZ]	^a Ondansetron ODT GH [GQ]
						^a Ondansetron SZ ODT [HX]	

■ 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

5853C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	32.64	33.89	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

5987D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	4.57	5.82	Tropisetron-AFT [AE]

Other antiemetics**■ 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

11103J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	97.16	40.30	Emend IV [MK]

■ **ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS**

■ **ANTINEOPLASTIC AGENTS**

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

10741H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	6	..	2265.49	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.

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

rituximab 1.4 g/11.7 mL injection, 11.7 mL vial

10708N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	2265.49	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

10720F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	7	..	2265.49	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

10710Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	11	..	2265.49	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

10743K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	3	..	1667.10	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

10744L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	1667.10	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

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

10811B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	1667.10	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).

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

10817H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	3	..	1667.10	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).

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

10829Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	3	..	1667.10	40.30	Herceptin SC [RO]

■ **IMMUNOSTIMULANTS**

IMMUNOSTIMULANTS

Interferons

▪ **INTERFERON ALFA-2A**

Caution Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Authority required (STREAMLINED)

6678

Myeloproliferative disease

Clinical criteria:

- Patient must have excessive thrombocytosis.

interferon alfa-2a 9 million units/0.5 mL injection, 0.5 mL syringe

5998Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5	4	..	*363.00	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 (STREAMLINED)

6661

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

5946Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	15	5	..	*363.15	40.30	Roferon-A [RO]

interferon alfa-2a 9 million units/0.5 mL injection, 0.5 mL syringe

5949D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	5	5	..	*363.00	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 (STREAMLINED)

6662

Hairy cell leukaemia

Authority required (STREAMLINED)

6678

Myeloproliferative disease

Clinical criteria:

- Patient must have excessive thrombocytosis.

interferon alfa-2a 3 million units/0.5 mL injection, 0.5 mL syringe

5945X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	15	4	..	*363.15	40.30	Roferon-A [RO]

Other immunostimulants

▪ **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

5902P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	399.49	40.30	OncoTICE [MK]

▪ **VARIOUS**

▪ **ALL OTHER THERAPEUTIC PRODUCTS**

ALL OTHER THERAPEUTIC PRODUCTS

Detoxifying agents for antineoplastic treatment

▪ **FOLINIC ACID**

folinic acid 1 g/100 mL injection, 100 mL vial

5863N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	35.98	37.23	Calcium Folate Ebewe [SZ]

VARIOUS

folinic acid 300 mg/30 mL injection, 30 mL vial

5870Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	4	1	..	*42.12	40.30	^a Calcium Folate Ebewe [SZ]	^a Leucovorin Calcium (Hospira Pty Limited) [PF]

▪ FOLINIC ACID

Note For item codes 5890B and 1899Y, pharmaceutical benefits that have the form injection equivalent to 50 mg folinic acid in 5 mL are equivalent for the purposes of substitution.

folinic acid 50 mg/5 mL injection, 10 x 5 mL ampoules

1899Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	38.90	40.15	^a Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

folinic acid 50 mg/5 mL injection, 5 mL vial

5890B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	10	2	..	*38.90	40.15	^a Leucovorin Calcium (Hospira Pty Limited) [PF]

▪ FOLINIC ACID

Note For item codes 5886T and 1904F, pharmaceutical benefits that have the form injection equivalent to 100 mg folinic acid in 10 mL are equivalent for the purposes of substitution.

folinic acid 100 mg/10 mL injection, 10 x 10 mL ampoules

1904F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	43.80	40.30	^a Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

folinic acid 100 mg/10 mL injection, 10 mL vial

5886T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	10	1	..	*43.80	40.30	^a Calcium Folate Ebewe [SZ]

▪ 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

5904R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	76.00	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 400 mg/4 mL injection, 15 x 4 mL ampoules

5960Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	66.52	40.30	Uromitexan [BX]

mesna 1 g/10 mL injection, 15 x 10 mL ampoules

5961R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	150.63	40.30	Uromitexan [BX]

Index of Manufacturers' Code

Code	Manufacturer
AE	AFT Pharmaceuticals (AU) Pty Ltd
AF	Alphapharm Pty Ltd
AN	Amgen Australia Pty Limited
AS	Aspen Pharmacare Australia Pty Limited
BQ	Bristol-Myers Squibb Australia Pty Ltd
BX	Baxter Healthcare Pty Limited
EA	Amneal Pharmaceuticals Pty Ltd
EI	Eisai Australia Pty Ltd
FB	Pierre Fabre Australia Pty Ltd
FF	Phebra Pty Ltd
GQ	Generic Health Pty Ltd
GX	Apotex Pty Ltd
HX	Sandoz Pty Ltd
IX	Clinect Pty Ltd
JC	Janssen-Cilag Pty Ltd
JU	Juno Pharmaceuticals Pty Ltd
LR	Cipla Australia Pty Ltd
LY	Eli Lilly Australia Pty Ltd
MF	Mundipharma Pty Limited
MK	Merck Sharp & Dohme (Australia) Pty Ltd
NV	Novartis Pharmaceuticals Australia Pty Limited
OA	Orphan Australia Pty Ltd
OC	Accord Healthcare Pty Ltd
OD	Accord Healthcare Pty Ltd
OE	Omegapharm Pty Ltd
PF	Pfizer Australia Pty Ltd
PK	Fresenius Kabi Australia Pty Limited
QY	Pro Pharmaceuticals Group Pty Ltd
RA	Sun Pharma ANZ Pty Ltd
RO	Roche Products Pty Ltd
RZ	Dr Reddy's Laboratories (Australia) Pty Ltd
SE	Servier Laboratories (Aust.) Pty Ltd
SG	Merck Serono Australia Pty Ltd
SW	sanofi-aventis Australia Pty Ltd
SZ	Sandoz Pty Ltd
TB	Teva Pharma Australia Pty Limited
TK	Takeda Pharmaceuticals Australia Pty Ltd
TS	Specialised Therapeutics Australia Pty Ltd
TX	Apotex Pty Ltd
ZP	Medis Pharma Pty Ltd

Generic/Proprietary Index

Abraxane[TS] (paclitaxel (as nanoparticle albumin-bound) 100 mg injection, 1 vial).....	16, 76
Adcetris[TK] (brentuximab vedotin 50 mg injection, 1 vial)	25, 26, 27, 28, 85, 86, 87, 88
Adriamycin[PF] (doxorubicin hydrochloride 200 mg/100 mL injection, 100 mL vial).....	17, 77
Adriamycin[PF] (doxorubicin hydrochloride 50 mg/25 mL injection, 25 mL vial)	17, 77
Akynzeo(MF)	131
Alimta[LY] (pemetrexed 100 mg injection, 1 vial).....	12, 72
Alimta[LY] (pemetrexed 500 mg injection, 1 vial).....	12, 72
Aloxi(MF)	132
Anzatax[PF] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial)	16, 76
Anzatax[PF] (paclitaxel 150 mg/25 mL injection, 25 mL vial)	16, 76
Anzatax[PF] (paclitaxel 300 mg/50 mL injection, 50 mL vial)	16, 76
APO-Ondansetron(TX)	131
ARSENIC	59, 119
Arzerra[INV] (ofatumumab 1 g/50 mL injection, 50 mL vial)	44, 45, 104, 105
Arzerra[INV] (ofatumumab 100 mg/5 mL injection, 3 x 5 mL vials).....	45, 105
ATEZOLIZUMAB	19, 79
Avastin[RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial)	20, 21, 22, 23, 80, 81, 82, 83
Avastin[RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)	20, 21, 22, 23, 80, 81, 82, 83
AVELUMAB	19, 20, 79, 80
Bavencio[SG] (avelumab 200 mg/10 mL injection, 10 mL vial)	20, 80
BENDAMUSTINE	11, 71
Besponsa[PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)	31, 32, 33, 91, 92, 93
BEVACIZUMAB	20, 21, 22, 23, 80, 81, 82, 83
Bleo 15K[JJ] (bleomycin sulfate 15 000 international units injection, 1 vial)	18, 78
Bleomycin for Injection, USP[QY] (bleomycin sulfate 15 000 international units injection, 1 vial).....	18, 78
BLEOMYCIN SULFATE.....	18, 78
BLINATUMOMAB	24, 25, 84, 85
Blinicyto[AN] (blinatumomab 38.5 microgram injection [1 vial] (& inert substance solution [10 mL vial], 1 pack) 24, 25, 84, 85	
BORTEZOMIB	59, 60, 61, 62, 64, 119, 120, 121, 122, 124
BRENTUXIMAB VEDOTIN	25, 26, 27, 28, 85, 86, 87, 88
CABAZITAXEL	15, 75
Caelyx[JC] (doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial)	17, 77
Caelyx[JC] (doxorubicin hydrochloride (as pegylated liposomal) 50 mg/25 mL injection, 25 mL vial)	17, 77
Calcium Folate Ebewe(SZ)	137, 138
CARBOPLATIN	18, 78
Carboplatin Accord[OC] (carboplatin 450 mg/45 mL injection, 45 mL vial)	18, 78
CARFILZOMIB.....	65, 125
CETUXIMAB.....	28, 29, 30, 88, 89, 90
CIPLA BLEOMYCIN[LR] (bleomycin sulfate 15 000 international units injection, 1 vial)	18, 78
CISPLATIN	18, 78
Cisplatin Accord[OC] (cisplatin 100 mg/100 mL injection, 100 mL vial).....	18, 78
Cisplatin Accord[OC] (cisplatin 50 mg/50 mL injection, 50 mL vial).....	18, 78
CLADRIBINE	
.Chemotherapy items for Private Hospital use	13
.Chemotherapy items for Public Hospital use.....	73
CYCLOPHOSPHAMIDE	11, 71
CYTARABINE	14, 74
DBL Docetaxel Concentrated Injection[PF] (docetaxel 160 mg/16 mL injection, 16 mL vial)	15, 75
DBL Docetaxel Concentrated Injection[PF] (docetaxel 80 mg/8 mL injection, 8 mL vial)	15, 75
DBL Fluorouracil Injection BP[PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial)	14, 74
DBL Fluorouracil Injection BP[PF] (fluorouracil 500 mg/10 mL injection, 5 x 10 mL vials).....	14, 74
DBL Gemcitabine Injection[PF] (gemcitabine 1 g/26.3 mL injection, 26.3 mL vial)	14, 74
DBL Gemcitabine Injection[PF] (gemcitabine 2 g/52.6 mL injection, 52.6 mL vial)	15, 75
DBL Oxaliplatin Concentrate[PF] (oxaliplatin 100 mg/20 mL injection, 20 mL vial)	18, 78
DBL Pemetrexed[PF] (pemetrexed 1 g injection, 1 vial) ..	12, 72
DBL Pemetrexed[PF] (pemetrexed 100 mg injection, 1 vial)	12, 72
DBL Pemetrexed[PF] (pemetrexed 500 mg injection, 1 vial)	12, 72
DOCETAXEL.....	15, 75
Docetaxel Accord[OC] (docetaxel 160 mg/8 mL injection, 8 mL vial)	16, 76
Docetaxel Accord[OC] (docetaxel 80 mg/4 mL injection, 4 mL vial)	16, 76
Docetaxel Sandoz[SZ] (docetaxel 80 mg/8 mL injection, 8 mL vial)	16, 76
DOXORUBICIN	17, 77
Doxorubicin ACC[OC] (doxorubicin hydrochloride 200 mg/100 mL injection, 100 mL vial)	17, 77
DOXORUBICIN HYDROCHLORIDE (AS PEGYLATED LIPOSOMAL).....	17, 77
Emend IV(MK).....	133
Endoxan[BX] (cyclophosphamide 1 g injection, 1 vial)	11, 71
Endoxan[BX] (cyclophosphamide 2 g injection, 1 vial)	11, 71
Endoxan[BX] (cyclophosphamide 500 mg injection, 1 vial)	11, 71
Epirube[TB] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial)	17, 77
Epirube[TB] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial)	17, 77
EPIRUBICIN.....	17, 77
Epirubicin Accord[OC] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial)	17, 77
Epirubicin ACT[JJ] (epirubicin hydrochloride 100 mg/50 mL injection, 50 mL vial)	17, 77
Epirubicin ACT[JJ] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial)	17, 77
Epirubicin ACT[JJ] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial)	17, 77
Erbitux[SG] (cetuximab 100 mg/20 mL injection, 20 mL vial)	29, 30, 89, 90
Erbitux[SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)	29, 30, 89, 90
ERIBULIN.....	67, 127
Etopophos[BQ] (etoposide phosphate 1.136 g (etoposide 1 g) injection, 1 vial).....	15, 75
ETOPOSIDE	15, 75
Etoposide Ebewe[SZ] (etoposide 100 mg/5 mL injection, 5 x 5 mL vials).....	15, 75
FLUDARABINE	13, 73
Fludarabine ACT[JJ] (fludarabine phosphate 50 mg injection, 1 vial).....	14, 74
Fludarabine AMNEAL[JJ] (fludarabine phosphate 50 mg injection, 1 vial)	14, 74

Fludarabine Ebewe[SZ] (fludarabine phosphate 50 mg/2 mL injection, 5 x 2 mL vials).....	14, 74	Hospira Pty Limited[PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials)	
FLUOROURACIL.....	14, 74	.Chemotherapy items for Private Hospital use.....	12
Fluorouracil Accord[OC] (fluorouracil 1 g/20 mL injection, 20 mL vial).....	14, 74	.Chemotherapy items for Public Hospital use.....	72
Fluorouracil Accord[OC] (fluorouracil 2.5 g/50 mL injection, 50 mL vial).....	14, 74	Hospira Pty Limited[PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials)	
Fluorouracil Accord[OC] (fluorouracil 5 g/100 mL injection, 100 mL vial).....	14, 74	.Chemotherapy items for Private Hospital use.....	12
Fluorouracil Accord[OC] (fluorouracil 500 mg/10 mL injection, 10 mL vial).....	14, 74	.Chemotherapy items for Public Hospital use.....	72
Fluorouracil Ebewe[SZ] (fluorouracil 1 g/20 mL injection, 20 mL vial).....	14, 74	Hospira Pty Limited[PF] (methotrexate 500 mg/20 mL injection, 20 mL vial)	
Fluorouracil Ebewe[SZ] (fluorouracil 2.5 g/50 mL injection, 50 mL vial).....	14, 74	.Chemotherapy items for Private Hospital use.....	12
Fluorouracil Ebewe[SZ] (fluorouracil 5 g/100 mL injection, 100 mL vial).....	14, 74	.Chemotherapy items for Public Hospital use.....	72
FOLINIC ACID.....	137, 138	Hospira Pty Limited[PF] (vinblastine sulfate 10 mg/10 mL injection, 5 x 10 mL vials)	
Folotyn[MF] (pralatrexate 20 mg/mL injection, 1 mL vial) 13, 73		.Chemotherapy items for Private Hospital use.....	15
FOSAPREPITANT.....	132	.Chemotherapy items for Public Hospital use.....	75
FOTEMUSTINE.....	12, 72	Hycamtin[SZ] (topotecan 4 mg injection, 5 vials).....	68, 128
Gazyva[RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial).....	42, 43, 44, 102, 103, 104	IDARUBICIN.....	17, 77
GEMCITABINE.....	14, 74	Idarubicin Ebewe[SZ] (idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial).....	17, 77
GRANISETRON.....	130	IFOSFAMIDE.....	11, 71
Granisetron Kabi (PK).....	130	INOTUZUMAB OZOGAMICIN.....	30, 31, 32, 90, 91, 92
Granisetron-AFT(AE).....	130	INTERFERON ALFA-2A.....	137
Halaven[EI] (eribulin mesilate 1 mg/2 mL injection, 2 mL vial).....	67, 127	IPILIMUMAB.....	33, 93
Herceptin SC(RO).....	135, 136	IRINOTECAN.....	67, 127
Herceptin[RO] (trastuzumab 150 mg injection, 1 vial)53, 54, 55, 56, 57, 113, 114, 115, 116, 117		Irinotecan Accord[OC] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	67, 127
Herceptin[RO] (trastuzumab 60 mg injection, 1 vial). 53, 54, 55, 56, 57, 113, 114, 115, 116, 117		IRINOTECAN ACT[JU] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	67, 127
Holoxan[BX] (ifosfamide 1 g injection, 1 vial).....	11, 71	IRINOTECAN ACT[JU] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial).....	67, 127
Holoxan[BX] (ifosfamide 2 g injection, 1 vial).....	11, 71	Irinotecan Alphapharm[AF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	67, 127
Hospira Pty Limited[PF] (bleomycin sulfate 15 000 international units injection, 1 vial)		Irinotecan Alphapharm[AF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial).....	67, 127
.Chemotherapy items for Private Hospital use.....	18	Irinotecan Kabi[PK] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	67, 127
.Chemotherapy items for Public Hospital use.....	78	Jevtana[SW] (cabazitaxel 60 mg/1.5 mL injection [1.5 mL vial] (&) inert substance diluent [4.5 mL vial], 1 pack).. 15, 75	
Hospira Pty Limited[PF] (carboplatin 150 mg/15 mL injection, 15 mL vial)		Kadcyla[RO] (trastuzumab emtansine 100 mg injection, 1 vial).....	59, 119
.Chemotherapy items for Private Hospital use.....	18	Kadcyla[RO] (trastuzumab emtansine 160 mg injection, 1 vial).....	59, 119
.Chemotherapy items for Public Hospital use.....	78	Keytruda[MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial).....	46, 47, 48, 49, 50, 106, 107, 108, 109, 110
Hospira Pty Limited[PF] (cisplatin 100 mg/100 mL injection, 100 mL vial)		Keytruda[MK] (pembrolizumab 50 mg injection, 1 vial)....	46, 47, 48, 106, 107, 108
.Chemotherapy items for Private Hospital use.....	18	Kyprolis[AN] (carfilzomib 10 mg injection, 1 vial).....	66, 126
.Chemotherapy items for Public Hospital use.....	78	Kyprolis[AN] (carfilzomib 30 mg injection, 1 vial).....	66, 126
Hospira Pty Limited[PF] (cisplatin 50 mg/50 mL injection, 50 mL vial)		Kyprolis[AN] (carfilzomib 60 mg injection, 1 vial).....	67, 127
.Chemotherapy items for Private Hospital use.....	18	Kytril(IX).....	130
.Chemotherapy items for Public Hospital use.....	78	Leucovorin Calcium (Hospira Pty Limited) (PF).....	138
Hospira Pty Limited[PF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial)		Leucovorin Calcium (Hospira Pty Limited)(PF).....	138
.Chemotherapy items for Private Hospital use.....	67	Leucovorin Calcium (Pfizer Australia Pty Ltd)(PF).....	138
.Chemotherapy items for Public Hospital use.....	127	Leustatin[JC] (cladribine 10 mg/10 mL injection, 10 mL vial).....	13, 73
Hospira Pty Limited[PF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial)		Liposomal Doxorubicin SUN[RA] (doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial).....	17, 77
.Chemotherapy items for Private Hospital use.....	67	Liposomal Doxorubicin SUN[RA] (doxorubicin hydrochloride (as pegylated liposomal) 50 mg/25 mL injection, 25 mL vial).....	17, 77
.Chemotherapy items for Public Hospital use.....	127	Litak[OA] (cladribine 10 mg/5 mL injection, 5 mL vial) 13, 73	
Hospira Pty Limited[PF] (methotrexate 1 g/10 mL injection, 10 mL vial)		Mabthera SC(RO).....	133, 134
.Chemotherapy items for Private Hospital use.....	12		
.Chemotherapy items for Public Hospital use.....	72		

Mabthera[RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials).....	51, 52, 111, 112	Oxaliplatin SUN[RA] (oxaliplatin 100 mg/20 mL injection, 20 mL vial).....	18, 78
Mabthera[RO] (rituximab 500 mg/50 mL injection, 50 mL vial).....	51, 52, 111, 112	Oxaliplatin SUN[RA] (oxaliplatin 200 mg/40 mL injection, 40 mL vial).....	19, 79
MEDITAB IRINOTECAN[LR] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	67, 127	Oxaliplatin SUN[RA] (oxaliplatin 50 mg/10 mL injection, 10 mL vial).....	19, 79
MEDITAB IRINOTECAN[LR] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 2 mL vial).....	68, 128	Oxaliplatin SZ[HX] (oxaliplatin 100 mg/20 mL injection, 20 mL vial).....	19, 79
MESNA.....	138	PACLITAXEL.....	16, 76
Methaccord[EA] (methotrexate 1 g/10 mL injection, 10 mL vial).....	12, 72	Paclitaxel Accord[OC] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	16, 76
METHOTREXATE		Paclitaxel ACT[<i>JU</i>] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial).....	16, 76
.Chemotherapy items for Private Hospital use.....	12	Paclitaxel ACT[<i>JU</i>] (paclitaxel 150 mg/25 mL injection, 25 mL vial).....	16, 76
.Chemotherapy items for Public Hospital use.....	72	Paclitaxel ACT[<i>JU</i>] (paclitaxel 30 mg/5 mL injection, 5 mL vial).....	16, 76
Methotrexate Accord[OD] (methotrexate 1 g/10 mL injection, 10 mL vial).....	12, 72	Paclitaxel ACT[<i>JU</i>] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	16, 76
Methotrexate Accord[OD] (METHOTREXATE Injection 50 mg in 2 mL, 1).....	12, 72	Paclitaxel Ebewe[SZ] (paclitaxel 150 mg/25 mL injection, 25 mL vial).....	16, 76
Methotrexate Ebewe[SZ] (methotrexate 5 g/50 mL injection, 50 mL vial).....	12, 72	Paclitaxel Ebewe[SZ] (paclitaxel 30 mg/5 mL injection, 5 x 5 mL vials).....	16, 76
MITOZANTRONE.....	18, 78	Paclitaxel Ebewe[SZ] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	16, 76
Mitozantrone Ebewe[SZ] (mitozantrone 20 mg/10 mL injection, 10 mL vial).....	18, 78	Paclitaxel Kabi[PK] (paclitaxel 30 mg/5 mL injection, 5 mL vial).....	16, 76
Muphoran[SE] (fotemustine 208 mg injection [1 vial] (& inert substance diluent [4 mL ampoule], 1 pack)....	12, 72	Paclitaxel Kabi[PK] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	16, 76
MYCOBACTERIUM BOVIS (BACILLUS CALMETTE AND GUERIN (BCG)) TICE STRAIN.....	137	Paclitaxin[<i>TB</i>] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial).....	16, 76
NANOPARTICLE ALBUMIN-BOUND PACLITAXEL .	16, 76	Paclitaxin[<i>TB</i>] (paclitaxel 150 mg/25 mL injection, 25 mL vial).....	16, 76
Navelbine[FB] (vinorelbine 10 mg/mL injection, 1 mL vial).....	15, 75	Paclitaxin[<i>TB</i>] (paclitaxel 30 mg/5 mL injection, 5 mL vial).....	16, 76
Navelbine[FB] (vinorelbine 50 mg/5 mL injection, 5 mL vial).....	15, 75	Paclitaxin[<i>TB</i>] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	16, 76
NETUPITANT + PALONOSETRON.....	130	PALONOSETRON.....	132
NIVOLUMAB.35, 36, 37, 38, 39, 40, 95, 96, 97, 98, 99, 100		PANITUMUMAB.....	45, 105
OBINUTUZUMAB.....	41, 42, 43, 44, 101, 102, 103, 104	PEMBROLIZUMAB.....	46, 47, 48, 49, 106, 107, 108, 109
OFATUMUMAB.....	44, 104	PEMETREXED.....	12, 72
Ogivri[AF] (trastuzumab 150 mg injection, 1 vial) 53, 54, 55, 56, 57, 113, 114, 115, 116, 117		Pemetrexed Accord[OD] (pemetrexed 1 g injection, 1 vial).....	12, 72
Omegapharm Irinotecan[OE] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	68, 128	Pemetrexed Accord[OD] (pemetrexed 100 mg injection, 1 vial).....	12, 72
Omegapharm Irinotecan[OE] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 2 mL vial).....	68, 128	Pemetrexed Accord[OD] (pemetrexed 500 mg injection, 1 vial).....	13, 73
OncoTICE(MK).....	137	Pemetrexed APOTEX[<i>TX</i>] (pemetrexed 500 mg injection, 1 vial).....	13, 73
ONDANSETRON.....	131	Pemetrexed DRLA[<i>RZ</i>] (pemetrexed 500 mg injection, 1 vial).....	13, 73
Ondansetron Alphapharm(AF).....	131	Pemetrexed SUN[RA] (pemetrexed 1 g injection, 1 vial). 13, 73	
Ondansetron AN (EA).....	131	Pemetrexed SUN[RA] (pemetrexed 100 mg injection, 1 vial).....	13, 73
Ondansetron AN ODT(EA).....	132	Pemetrexed SUN[RA] (pemetrexed 500 mg injection, 1 vial).....	13, 73
Ondansetron APOTEX(GX).....	131	PEMETREXED-DRLA[<i>RZ</i>] (pemetrexed 100 mg injection, 1 vial).....	13, 73
Ondansetron Mylan ODT (AF).....	132	Perjeta[RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial).....	50, 51, 110, 111
Ondansetron Mylan Tablets(AF).....	131	PERTUZUMAB.....	50, 51, 110, 111
Ondansetron ODT GH (GQ).....	132	Pfizer Australia Pty Ltd[PF] (cytarabine 100 mg/5 mL injection, 5 x 5 mL vials)	
Ondansetron ODT-DRLA(RZ).....	132	.Chemotherapy items for Private Hospital use.....	14
Ondansetron ODT (HX).....	131	.Chemotherapy items for Public Hospital use.....	74
Ondansetron SZ ODT(HX).....	132	Pfizer Australia Pty Ltd[PF] (etoposide 100 mg/5 mL injection, 5 mL vial)	
Ondansetron-DRLA (RZ).....	131	.Chemotherapy items for Private Hospital use.....	15
Onkotrone[BX] (mitozantrone 20 mg/10 mL injection, 10 mL vial).....	18, 78	.Chemotherapy items for Public Hospital use.....	75
Onkotrone[BX] (mitozantrone 25 mg/12.5 mL injection, 12.5 mL vial).....	18, 78		
Onsetron (ZP).....	131		
Onsetron 4(ZP).....	131		
Onsetron 8(ZP).....	131		
Opdivo[BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial).....	36, 37, 38, 39, 40, 41, 96, 97, 98, 99, 100, 101		
Opdivo[BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial) 36, 37, 38, 39, 40, 41, 96, 97, 98, 99, 100, 101			
OXALIPLATIN.....	18, 78		
Oxaliplatin Accord[OC] (oxaliplatin 100 mg/20 mL injection, 20 mL vial).....	18, 78		

Pfizer Australia Pty Ltd[PF] (methotrexate 1 g/10 mL injection, 10 mL vial)		Tropisetron-AFT(AE)	132
.Chemotherapy items for Private Hospital use	12	Uromitexan(BX).....	138
.Chemotherapy items for Public Hospital use.....	72	Vectibix[AN] (panitumumab 100 mg/5 mL injection, 5 mL vial).....	45, 46, 105, 106
Pharmorubicin[PF] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial).....	17, 77	Vectibix[AN] (panitumumab 400 mg/20 mL injection, 20 mL vial).....	45, 46, 105, 106
Pharmorubicin[PF] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial)	17, 77	Velcade[JC] (bortezomib 1 mg injection, 1 vial).61, 62, 121, 122	
Phenasen[FF] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials).....	59, 119	Velcade[JC] (bortezomib 3 mg injection, 1 vial)...60, 61, 62, 64, 65, 120, 121, 122, 124, 125	
PRALATREXATE	13, 73	Velcade[JC] (bortezomib 3.5 mg injection, 1 vial)60, 64, 65, 120, 124, 125	
RALTITREXED	13, 73	VINBLASTINE	15, 75
Reladdin[AF] (pemetrexed 100 mg injection, 1 vial) ..	13, 73	VINCRIStINE.....	15, 75
Reladdin[AF] (pemetrexed 500 mg injection, 1 vial) ..	13, 73	VINOReLBINE	15, 75
Ribomustin[JC] (bendamustine hydrochloride 100 mg injection, 1 vial)	11, 71	Vinorelbine Ebewe[SZ] (vinorelbine 10 mg/mL injection, 1 mL vial).....	15, 75
Ribomustin[JC] (bendamustine hydrochloride 25 mg injection, 1 vial)	11, 71	Vinorelbine Ebewe[SZ] (vinorelbine 50 mg/5 mL injection, 5 mL vial).....	15, 75
RITUXIMAB	51, 52, 111, 112, 133, 134	Yervoy[BQ] (ipilimumab 200 mg/40 mL injection, 40 mL vial)	35, 95
Roferon-A(RO).....	137	Yervoy[BQ] (ipilimumab 50 mg/10 mL injection, 10 mL vial)	33, 35, 93, 95
Tecentriq[RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)	19, 79	Zavedos Solution[PF] (idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial)	18, 78
Tevatrexed[TB] (pemetrexed 100 mg injection, 1 vial)13, 73		Zavedos Solution[PF] (idarubicin hydrochloride 5 mg/5 mL injection, 5 mL vial).....	18, 78
Tevatrexed[TB] (pemetrexed 500 mg injection, 1 vial)13, 73		Zofran (AS).....	131
Tomudex[PF] (raltitrexed 2 mg injection, 1 vial).....	13, 73	Zofran syrup 50 mL(AS)	131
TOPOTECAN	68, 128	Zofran Zydys(AS)	131, 132
TRASTUZUMAB 52, 53, 54, 55, 56, 57, 112, 113, 114, 115, 116, 117, 134, 135, 136			
TRASTUZUMAB EMTANSINE	57, 117		
TROPISETRON.....	132		