



**Australian Government**

**Department of Health**



# Schedule of Pharmaceutical Benefits

Efficient Funding of Chemotherapy

**Effective 1 February 2021**



# Contents

<b>Summary of Changes</b> .....	<b>3</b>
<b>About the Supplement</b> .....	<b>6</b>
Symbols used in the Efficient Funding of Chemotherapy supplement .....	6
Remuneration arrangements.....	6
<b>Pharmaceutical Benefits Schedules</b> .....	<b>7</b>
Chemotherapy items for Private Hospital use .....	9
Chemotherapy items for Public Hospital use.....	73
Related Pharmaceutical Benefits for Public Hospital use.....	139
<b>Index of Manufacturers' Code</b> .....	<b>149</b>
<b>Generic/Proprietary Index</b> .....	<b>151</b>

# Summary of Changes

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 February 2021. The Schedule is updated on the first day of each month and is available on the internet at [www.pbs.gov.au](http://www.pbs.gov.au).

## Efficient Funding of Chemotherapy (Private Hospital)

### Additions

#### Addition – Item

12243J **CARFILZOMIB**,  
carfilzomib 10 mg injection, 1 vial (*Kyprolis*);  
carfilzomib 30 mg injection, 1 vial (*Kyprolis*);  
carfilzomib 60 mg injection, 1 vial (*Kyprolis*)

### Deletions

#### Deletion – Note

12219D **BORTEZOMIB**,  
bortezomib 1 mg injection, 1 vial (*Velcade*);  
bortezomib 3 mg injection, 1 vial (*Velcade*);  
bortezomib 3.5 mg injection, 1 vial (*Velcade*)

7236W **CABAZITAXEL**,  
cabazitaxel 60 mg/1.5 mL injection [1.5 mL vial] (&) inert substance diluent [4.5 mL vial], 1 pack (*Jevtana*)

### Alterations

#### Alteration – Restriction

11230C **CARFILZOMIB**,  
carfilzomib 10 mg injection, 1 vial (*Kyprolis*);  
carfilzomib 30 mg injection, 1 vial (*Kyprolis*);  
carfilzomib 60 mg injection, 1 vial (*Kyprolis*)

#### Alteration – Restriction Level

11230C	<b>CARFILZOMIB</b> , carfilzomib 10 mg injection, 1 vial ( <i>Kyprolis</i> ); carfilzomib 30 mg injection, 1 vial ( <i>Kyprolis</i> ); carfilzomib 60 mg injection, 1 vial ( <i>Kyprolis</i> )	<i>From</i> authority- required	<i>To</i> streamlined
--------	---	---------------------------------------	--------------------------

## Advance Notices

### 1 March 2021

#### Deletion – Brand

7247K *Zavedos Solution, PF* – **IDARUBICIN**, idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial

## Efficient Funding of Chemotherapy (Public Hospital)

### Additions

#### Addition – Item

12244K **CARFILZOMIB**,  
carfilzomib 10 mg injection, 1 vial (*Kyprolis*);  
carfilzomib 30 mg injection, 1 vial (*Kyprolis*);  
carfilzomib 60 mg injection, 1 vial (*Kyprolis*)

---

## Deletions

### **Deletion – Note**

- 12227M **BORTEZOMIB**,  
bortezomib 1 mg injection, 1 vial (*Velcade*);  
bortezomib 3 mg injection, 1 vial (*Velcade*);  
bortezomib 3.5 mg injection, 1 vial (*Velcade*)
- 4376H **CABAZITAXEL**,  
cabazitaxel 60 mg/1.5 mL injection [1.5 mL vial] (&) inert substance diluent [4.5 mL vial], 1 pack (*Jevtana*)

## Alterations

### **Alteration – Restriction**

- 11229B **CARFILZOMIB**,  
carfilzomib 10 mg injection, 1 vial (*Kyprolis*);  
carfilzomib 30 mg injection, 1 vial (*Kyprolis*);  
carfilzomib 60 mg injection, 1 vial (*Kyprolis*)

### **Alteration – Restriction Level**

- |        |   | <i>From</i>            | <i>To</i>   |
|--------|---|------------------------|-------------|
| 11229B | <b>CARFILZOMIB</b> ,<br>carfilzomib 10 mg injection, 1 vial ( <i>Kyprolis</i> );<br>carfilzomib 30 mg injection, 1 vial ( <i>Kyprolis</i> );<br>carfilzomib 60 mg injection, 1 vial ( <i>Kyprolis</i> ) | authority-<br>required | streamlined |

## Advance Notices

**1 March 2021**

### **Deletion – Brand**

- 4440Q *Zavedos Solution, PF* – **IDARUBICIN**, idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial

## Related Pharmaceutical Benefits for Public Hospital use

### **Additions**

#### **Addition – Brand**

- 5967C *Zotren 4, RF* – **ONDANSETRON**, ondansetron 4 mg tablet, 4
- 5968D *Zotren 8, RF* – **ONDANSETRON**, ondansetron 8 mg tablet, 4



# About the Supplement

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

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

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

This supplement is split into three parts:

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

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

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

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

## Symbols used in the Efficient Funding of Chemotherapy supplement

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

## Remuneration arrangements

Fees payable per item claimed:

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

- Ready Prepared Dispensing Fee (\$7.74)
- Preparation fee (\$85.78)
- Distribution fee (\$27.45)
- Diluent fee (\$5.44)

### Section 94 Approved Public Hospital Authority

- Preparation fee (\$85.78)

### Section 94 Approved Private Hospital Authority

- Ready Prepared Dispensing Fee (\$7.74)
- Preparation fee (\$85.78)
- Distribution fee (\$27.45) (not payable where the drug is trastuzumab)
- Diluent fee (\$5.44)

---

# 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 .....	13
CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES .....	15
OTHER ANTINEOPLASTIC AGENTS .....	16

## ■ 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	..	*1763.65	41.30	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	..	*199.10	41.30	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	..	*325.81	41.30	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	..	*1912.57	41.30	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	..	*152.26	41.30	DBL Methotrexate [PF] (methotrexate 1 g/10 mL injection, 10 mL vial) DBL Methotrexate [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) DBL Methotrexate [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) DBL Methotrexate [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 1 g/10 mL injection, 10 mL vial) Methotrexate Accord [OD] (methotrexate 50 mg/2 mL injection, 2 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	..	..	*890.37	41.30	DBL Methotrexate [PF] (methotrexate 1 g/10 mL injection, 10 mL vial) DBL Methotrexate [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) DBL Methotrexate [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) DBL Methotrexate [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 1 g/10 mL injection, 10 mL vial) Methotrexate Accord [OD] (methotrexate 50 mg/2 mL injection, 2 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	..	*228.98	41.30	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 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	..	*4547.45	41.30	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	..	*4547.45	41.30	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	..	*1183.85	41.30	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	..	*1181.41	41.30	Leustatin [JC] (cladribine 10 mg/10 mL injection, 10 mL vial) Litak [AF] (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	..	*190.99	41.30	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) Fludarabine Juno [JO] (fludarabine phosphate 50 mg injection, 1 vial)

### *Pyrimidine analogues*

## ■ CYTARABINE

### Injection

7227J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7000 mg	15	..	*935.61	41.30	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	..	*165.96	41.30	DBL Fluorouracil Injection BP [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) 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 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	..	*133.60	41.30	DBL Fluorouracil Injection BP [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) 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 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	..	*190.34	41.30	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	..	*200.77	41.30	DBL Vinblastine [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	..	*144.49	41.30	DBL Vincristine Sulfate [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	..	*198.30	41.30	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	..	*322.61	41.30	Etopophos [LM] (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

### 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	..	*1405.61	41.30	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	..	*224.25	41.30	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)

## ■ 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	..	*2214.89	41.30	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	..	*1170.65	41.30	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	..	*201.93	41.30	Paclitaxel Accord [OC] (paclitaxel 300 mg/50 mL injection, 50 mL vial) 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	..	*178.28	41.30	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	..	*1205.29	41.30	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	..	*207.76	41.30	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)

## ■ IDARUBICIN

### Restricted benefit

Acute myelogenous leukaemia (AML)

### Injection

7247K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*260.39	41.30	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	..	*220.31	41.30	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

### Restricted benefit

Germ cell neoplasms

### Restricted benefit

Lymphoma

### Injection

7244G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30000 iu	11	..	*207.53	41.30	CIPLA BLEOMYCIN [LR] (bleomycin sulfate 15 000 international units injection, 1 vial) DBL Bleomycin Sulfate [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	..	*198.39	41.30	Carboplatin Accord [OC] (carboplatin 450 mg/45 mL injection, 45 mL vial) DBL Carboplatin [PF] (carboplatin 150 mg/15 mL injection, 15 mL vial) DBL Carboplatin [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	..	*176.07	41.30	Cisplatin Accord [OC] (cisplatin 100 mg/100 mL injection, 100 mL vial) Cisplatin Accord [OC] (cisplatin 50 mg/50 mL injection, 50 mL vial)

▪ **OXALIPLATIN**

**Injection**

7253R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	11	..	*186.46	41.30	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)

*Monoclonal antibodies*

▪ **ATEZOLIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10297**

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Continuing treatment - 3 weekly treatment regimen

**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 systemic anti-cancer therapy for this condition, **AND**
- Patient must have stable or responding disease.

**Injection**

11297N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	7	..	*7328.33	41.30	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** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10215**

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Continuing treatment - 4 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have stable or responding disease.

**Injection**

11957H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	5	..	*10209.09	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10257**

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

Treatment Phase: Continuing first-line treatment of metastatic disease, as monotherapy, where concomitant bevacizumab has ceased due to intolerance - 4 weekly treatment regimen

**Clinical criteria:**

- Patient must have experienced intolerance to combination treatment with bevacizumab, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug in this line of treatment, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Injection**

12098R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	5	..	*10209.09	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

**ATEZOLIZUMAB**

**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.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)****10276**

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment - 3 weekly treatment regimen

**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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy 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	..	*7328.33	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

**ATEZOLIZUMAB**

**Note** No 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)****10206**

Extensive-stage small cell lung 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 etoposide and a platinum-based antineoplastic drug.

**Injection**

11927R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	3	..	*7328.33	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

**ATEZOLIZUMAB**

**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.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)****10312**

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment - 4 weekly treatment regimen

**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 therapy for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy.

**Injection**

11940K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	3	..	*10209.09	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

**ATEZOLIZUMAB**

**Note** No 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)**

**10509**

Extensive-stage small cell lung cancer

Treatment Phase: Continuing treatment - 4 weekly treatment regimen

**Clinical criteria:**

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

**Injection**

12076N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	3	..	*10209.09	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

**Note** No increase in the maximum amount 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)**

**10917**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment of hepatocellular carcinoma - 3 weekly treatment regimen

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.

**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. PBS supply of this drug must be through only one of the two continuing treatment regimens at any given time

**Injection**

12155R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	8	..	*7328.33	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **ATEZOLIZUMAB**

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

**Note** Increased repeats of up to 11 may be requested for doses of 840 mg administered every 2 weeks

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10972**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment where bevacizumab is discontinued - 4 weekly treatment regimen

**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. PBS supply of this drug must be through only one of the two continuing treatment regimens at any given time

**Injection**

12159Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	5	..	*10209.09	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

**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)**

**10182**

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

Treatment Phase: Initial treatment 1

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and platinum-doublet chemotherapy.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**

- Patient must not have previously been treated for this condition in the metastatic setting, **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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

**Authority required (STREAMLINED)****10125**

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

Treatment Phase: Initial treatment 2

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and platinum-doublet chemotherapy.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- Patient must have progressive disease following treatment with an epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) OR an anaplastic lymphoma kinase (ALK) tyrosine kinase inhibitor (TKI), **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 non-small cell lung cancer.

**Injection**

11792P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	5	..	*7328.33	41.30	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** Special Pricing Arrangements apply.**Authority required (STREAMLINED)****10216**

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

Treatment Phase: Continuing first-line treatment of metastatic disease - 3 weekly treatment regimen

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug in this line of treatment, **AND**
- Patient must have stable or responding disease.

**Authority required (STREAMLINED)****9345**

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

Treatment Phase: Grandfathering treatment

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and atezolizumab until disease progression, unless not tolerated.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have previously received treatment with these drugs for this condition prior to 1 October 2019, **AND**
- Patient must have stable or responding disease, **AND**
- Patient must have a WHO performance status of 0 or 1.

**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**

11801D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	7	..	*7328.33	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

**▪ ATEZOLIZUMAB****Note** No 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)****10521**

Extensive-stage small cell lung cancer

Treatment Phase: Continuing treatment - 3 weekly treatment regimen

**Clinical criteria:**

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

**Authority required (STREAMLINED)**

**10204**

Extensive-stage small cell lung cancer

Treatment Phase: Grandfather treatment

**Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 March 2020, **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 being treated with this drug for this condition, **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, **AND**
- The treatment must be in combination with etoposide and a platinum-based antineoplastic if the patient is yet to complete their first 4 cycles of treatment; OR
- The treatment must be as monotherapy if being administered as maintenance therapy.

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**

11928T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	4	..	*7328.33	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **ATEZOLIZUMAB**

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

**Note** No increase in the maximum amount 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)**

**10915**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Transitioning from non-PBS-subsidised to PBS-subsidised supply - Grandfather treatment - 3 weekly treatment regimen (1,200 mg) or 4 weekly treatment regimen (1,680 mg where bevacizumab is discontinued)

**Clinical criteria:**

- Patient must have commenced non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 November 2020, **AND**
- Patient must have met all the PBS eligibility criteria applying to a non-grandfather patient under the Initial treatment restriction for this PBS indication prior to having commenced non-PBS-subsidised treatment with this drug, which are: (i) WHO status score no greater than 1, (ii) Child Pugh class A chronic liver disease, (iii) the patient was unsuitable for transarterial chemoembolization, (iv) the condition was untreated with systemic therapy, unless an intolerance to a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal had occurred, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.
- 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.

**Injection**

12163E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	5	..	*10209.09	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial) Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

**Caution** The safety of atezolizumab in combination with bevacizumab has not been established in patients who have incompletely treated varices, variceal bleeding within the previous 6 months or who are at high risk of bleeding. Patients should be assessed for risk of variceal bleeding prior to treatment with this combination.

**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 amount 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)**

**10939**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and atezolizumab until disease progression, unless not tolerated.

**Clinical criteria:**

- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; OR
- Patient must have developed intolerance to a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal.

**Injection**

12167J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	3	..	*7328.33	41.30	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	..	*8384.57	41.30	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)**

**10023**

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 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	..	*8384.57	41.30	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	..	*2900.15	41.30	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	..	*2900.15	41.30	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	..	*5673.89	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
 Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
 Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
 Or mailed to:  
 Services Australia  
 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	..	*5673.89	41.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

#### **▪ BEVACIZUMAB**

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

**Note** Special Pricing Arrangements apply.

#### **Authority required (STREAMLINED)**

##### **9346**

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

Treatment Phase: Initial treatment 1

#### **Treatment criteria:**

- Patient must be undergoing combination treatment with atezolizumab and platinum-doublet chemotherapy.

#### **Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must not have previously been treated for this condition in the metastatic setting, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

#### **Authority required (STREAMLINED)**

##### **9347**

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

Treatment Phase: Initial treatment 2

#### **Treatment criteria:**

- Patient must be undergoing combination treatment with atezolizumab and platinum-doublet chemotherapy.

#### **Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- Patient must have progressive disease following treatment with an epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) OR an anaplastic lymphoma kinase (ALK) tyrosine kinase inhibitor (TKI), **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.

**Injection**

11791N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	5	..	*5673.89	41.30	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 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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
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	..	*5673.89	41.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

### ■ BEVACIZUMAB

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

**Note** Special Pricing Arrangements apply.

#### Authority required (STREAMLINED)

**9566**

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

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Patient must be undergoing combination treatment with atezolizumab until disease progression, unless not tolerated.

#### **Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

#### Authority required (STREAMLINED)

**9454**

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

Treatment Phase: Grandfathering treatment

#### **Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and atezolizumab until disease progression, unless not tolerated.

#### **Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have previously received treatment with these drugs for this condition prior to 1 October 2019, **AND**
- Patient must have stable or responding disease, **AND**
- Patient must have a WHO performance status of 0 or 1.

**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

11811P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	7	..	*5673.89	41.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

### ■ BEVACIZUMAB

**Caution** The safety of atezolizumab in combination with bevacizumab has not been established in patients who have incompletely treated varices, variceal bleeding within the previous 6 months or who are at high risk of bleeding. Patients should be assessed for risk of variceal bleeding prior to treatment with this combination.

**Note** No increase in the maximum amount 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)

**10959**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Concurrent use with atezolizumab in hepatocellular carcinoma

#### **Treatment criteria:**

- Patient must be undergoing combination treatment with PBS-subsidised atezolizumab for this PBS indication.

### Injection

12166H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	8	..	*5673.89	41.30	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	..	*2900.15	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
 Or mailed to:  
 Services Australia  
 Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

**Authority required**

Acute lymphoblastic leukaemia  
 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**
- Patient must have previously received a tyrosine kinase inhibitor (TKI) if the condition is Philadelphia chromosome positive, **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**
- Patient must not have received blinatumomab previously for the treatment of minimal residual disease; OR
- Patient must have had a relapse-free period of at least six months following completion of treatment with blinatumomab for minimal residual disease, **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; and
- (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) if applicable, the date of completion of blinatumomab treatment for minimal residual disease and the date of the patient's subsequent relapse; and
- (5) the percentage blasts in bone marrow count that is no more than 4 weeks old at the time of application.

**Injection**

11116C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	651 mcg	..	..	*70816.97	41.30	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** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Acute lymphoblastic leukaemia  
 Treatment Phase: 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**
- Patient must have previously received a tyrosine kinase inhibitor (TKI) if the condition is Philadelphia chromosome positive, **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	..	..	*82598.73	41.30	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** 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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** No increase in the maximum number of repeats will be authorised for completion of induction therapy.

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

**Authority required**

Acute lymphoblastic leukaemia  
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 1 line of salvage therapy, **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 October 2019, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug. 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 through a request for an increased maximum amount, 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.

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

Treatment with this drug for this condition must not exceed 5 treatment cycles in a lifetime.

Patients who have received up to 2 treatment cycles as induction therapy with this drug for this condition prior to 1 October 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 1 treatment cycle as consolidation therapy with this drug for this condition prior to 1 October 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 2 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; and
- (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and
- (3) date of the most recent blinatumomab dose, if this was for induction or consolidation therapy, and how many treatment cycle(s) of PBS-subsidised blinatumomab will be required for completion of induction or consolidation therapy; and
- (4) date of most recent chemotherapy prior to receiving non-PBS subsidised blinatumomab, 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 prior to receiving non-PBS subsidised blinatumomab.

**Injection**

11799B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	651 mcg	..	..	*70816.97	41.30	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** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**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.

### Authority required

Acute lymphoblastic leukaemia

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	..	*82598.73	41.30	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.

### Authority required

Minimal residual disease of precursor B-cell acute lymphoblastic leukaemia (Pre-B-cell ALL)

Treatment Phase: Initial treatment of minimal residual disease of Pre-B-cell ALL

### **Treatment criteria:**

- Must be treated by a physician experienced in the treatment of haematological malignancies.

### **Clinical criteria:**

- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be present in the central nervous system or testis, **AND**
- Patient must have achieved complete remission following intensive combination chemotherapy for initial treatment of acute lymphoblastic leukaemia (ALL) or for subsequent salvage therapy, **AND**
- Patient must have minimal residual disease defined as at least  $10^{-4}$  (0.01%) blasts based on measurement in bone marrow, documented after an interval of at least 2 weeks from the last course of systemic chemotherapy given as intensive combination chemotherapy treatment of ALL or as subsequent salvage therapy, whichever was the later, and measured using polymerase chain reaction or flow cytometry, **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 3 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 four 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 each cycle.

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; and
- (2) a completed Minimal residual disease positive 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; and
- (4) the percentage blasts in bone marrow count that is no more than 4 weeks old at the time of application

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

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Minimal residual disease of precursor B-cell acute lymphoblastic leukaemia (Pre-B-cell ALL)  
Treatment Phase: Continuing treatment of previously detectable minimal residual disease of Pre-B-cell ALL

**Treatment criteria:**

- Must be treated by a physician experienced in the treatment of haematological malignancies.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised initial treatment with this drug for this condition, **AND**
- Patient must have achieved a complete remission, **AND**
- Patient must be minimal residual disease negative, defined as either undetectable using the same method used to determine original eligibility or less than 10<sup>-4</sup> (0.01%) blasts based on measurement in bone marrow, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be more than 2 treatment cycles under this restriction in a lifetime.

For all subsequent cycle starts and re-initiation (e.g. if treatment is interrupted for four or more hours), supervision by a health care professional or hospitalisation is recommended.

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

Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time where 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).

**Injection**

11867N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	784 mcg	1	..	*82598.73	41.30	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	..	*19007.09	41.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
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**

	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
10172J	200 mg	3	..	*19007.09	41.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

**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.

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

**Injection**

	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
11067L	200 mg	11	..	*19007.09	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**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; and
- a completed Hodgkin lymphoma brentuximab PBS Authority Application.

**Injection**

11080E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*19007.09	41.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

**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.  
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	..	*19007.09	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**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; and
  - a completed Hodgkin lymphoma brentuximab PBS Authority Application.

**Injection**

11089P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*19007.09	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
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	..	*19007.09	41.30	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** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia 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	..	*19007.09	41.30	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	..	*1900.24	41.30	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	..	..	*2787.16	41.30	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	..	..	*2787.16	41.30	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	..	*1900.24	41.30	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	..	*1900.24	41.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ **DARATUMUMAB**

- Note** This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.
- Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.
- Note** No increase in the maximum number of repeats may be authorised.
- Note** Special Pricing Arrangements apply.

**Authority required**

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy for weeks 10 to 24 (administered every 3 weeks)

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
  - The treatment must be in combination with bortezomib and dexamethasone, **AND**
  - Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
  - Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues.
- 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 in 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.

**Injection**

12225K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1920 mg	4	..	*11973.76	41.30	Darzalex [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial) Darzalex [JC] (daratumumab 400 mg/20 mL injection, 20 mL vial)

▪ **DARATUMUMAB**

- Note** This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.
- Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.
- Note** No increase in the maximum number of repeats may be authorised.
- Note** Special Pricing Arrangements apply.

**Authority required**

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy from week 25 until disease progression (administered every 4 weeks)

**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 receiving treatment with this drug for this condition, **AND**
  - Patient must not be receiving concomitant PBS-subsidised bortezomib, carfilzomib or thalidomide or its analogues.
- 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 in 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.

**Injection**

12226L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1920 mg	5	..	*11973.76	41.30	Darzalex [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial) Darzalex [JC] (daratumumab 400 mg/20 mL injection, 20 mL vial)

**■ DARATUMUMAB**

**Note** This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Relapsed and/or refractory multiple myeloma

Treatment Phase: Initial treatment as second-line drug therapy for weeks 1 to 9 (administered once weekly)

**Clinical criteria:**

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must have progressive disease after only one prior therapy (i.e. use must be as second-line drug therapy; use as third-line drug therapy or beyond is not PBS-subsidised), **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- Patient must not have previously received this drug for this condition.

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 in 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.

Details of: the histological diagnosis of multiple myeloma; prior treatments including name(s) of drug(s) and date of most recent treatment cycle; the basis of the diagnosis of progressive disease or failure to respond; and 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:

- 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) should be documented 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.

A line of therapy is defined as 1 or more cycles of a planned treatment program. This may consist of 1 or more planned cycles of single-agent therapy or combination therapy, as well as a sequence of treatments administered in a planned manner.

A new line of therapy starts when a planned course of therapy is modified to include other treatment agents (alone or in combination) as a result of disease progression, relapse, or toxicity, with the exception to this being the need to attain a sufficient response for stem cell transplantation to proceed. A new line of therapy also starts when a planned period of observation off therapy is interrupted by a need for additional treatment for the disease.

**Injection**

12230Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1920 mg	8	..	*11973.76	41.30	Darzalex [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial) Darzalex [JC] (daratumumab 400 mg/20 mL injection, 20 mL vial)

▪ **DARATUMUMAB**

- Note** This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.
- Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.
- 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.
- Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.
- Note** No increase in the maximum number of repeats may be authorised.
- Note** Special Pricing Arrangements apply.

**Authority required**

Relapsed and/or refractory multiple myeloma

Treatment Phase: Grandfather treatment - Transitioning from non-PBS to PBS-subsidised supply

**Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 January 2021, **AND**
- Patient must have met all initial treatment PBS-eligibility criteria applying to a non-grandfathered patient prior to having commenced treatment with this drug, which are: (i) the condition was confirmed by histological diagnosis, (ii) the treatment is/was being used as part of triple combination therapy with bortezomib and dexamethasone, (iii) the condition progressed (see definition of progressive disease below) after one prior therapy, but not after more than two prior lines of therapies (i.e. this drug was commenced as second-line treatment), (iv) the treatment was/is not to be used in combination with PBS-subsidised carfilzomib, thalidomide or its analogues, and (v) the patient had never been treated with this drug, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

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 in 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; the basis of the diagnosis of progressive disease or failure to respond; and 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 documented 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.

A line of therapy is defined as 1 or more cycles of a planned treatment program. This may consist of 1 or more planned cycles of single-agent therapy or combination therapy, as well as a sequence of treatments administered in a planned manner.

A new line of therapy starts when a planned course of therapy is modified to include other treatment agents (alone or in combination) as a result of disease progression, relapse, or toxicity, with the exception to this being the need to attain a

sufficient response for stem cell transplantation to proceed. A new line of therapy also starts when a planned period of observation off therapy is interrupted by a need for additional treatment for the disease.

## Injection

12221F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1920 mg	7	..	*11973.76	41.30	Darzalex [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial) Darzalex [JC] (daratumumab 400 mg/20 mL injection, 20 mL vial)

## ■ DURVALUMAB

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

**Note** Special Pricing Arrangements apply.

### Authority required (STREAMLINED)

#### 10126

Unresectable Stage III non-small cell lung cancer

Treatment Phase: Initial treatment

#### Clinical criteria:

- Patient must have received platinum based chemoradiation therapy, **AND**
- The condition must not have progressed following platinum based chemoradiation therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

### Authority required (STREAMLINED)

#### 10145

Unresectable Stage III 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**
- 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 systemic anti-cancer therapy for this condition, **AND**
- The treatment must not exceed 12 months in total for this condition under the initial, grandfathering or this continuing restriction combined, **AND**
- The treatment must be once in a lifetime with this drug for this condition.

### Authority required (STREAMLINED)

#### 10174

Unresectable Stage III non-small cell lung cancer

Treatment Phase: Grandfather treatment

#### Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 March 2020, **AND**
- Patient must have received platinum based chemoradiation therapy prior to initiation of non-PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not have progressed following platinum based chemoradiation therapy, **AND**
- Patient must have had a WHO performance status of 0 or 1 prior to initiation of non-PBS-subsidised treatment with this drug for this condition, **AND**
- 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 systemic anti-cancer 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.

## Injection

11911X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	8	..	*9800.01	41.30	Imfinzi [AP] (durvalumab 120 mg/2.4 mL injection, 2.4 mL vial) Imfinzi [AP] (durvalumab 500 mg/10 mL injection, 10 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** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**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.

**Authority required**

Acute lymphoblastic leukaemia

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 m<sup>2</sup> 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	..	*40004.72	41.30	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 m<sup>2</sup>, and the second prescription for two doses at a dose no higher than 0.5mg per m<sup>2</sup>. 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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Acute lymphoblastic leukaemia

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**
- Patient must have previously received a tyrosine kinase inhibitor (TKI) if the condition is Philadelphia chromosome positive, **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 m<sup>2</sup> for the first dose of a treatment cycle (Day 1), and 0.5mg per m<sup>2</sup> 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	..	*53297.49	41.30	Besponsa [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)

### ■ IPILIMUMAB

**Caution** Combination treatment with ipilimumab and nivolumab is associated with an increased 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	..	*17240.45	41.30	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 increased 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)**

**10122**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **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.

**Injection**

2638W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	3	..	*45763.85	41.30	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)**

**10117**

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 systemic anti-cancer therapy for this condition, **AND**
  - Patient must have stable or responding disease.
- Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11152Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	11	..	*10234.35	41.30	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)**

**9299**

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.
- Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11157F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	11	..	*10234.35	41.30	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)****9252**

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.
- Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11425H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	11	..	*10234.35	41.30	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)****9321**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

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
	480 mg	11	..	*10234.35	41.30	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)****9298**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Authority required (STREAMLINED)****9214**

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.
- Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.
- 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
	480 mg	11	..	*10234.35	41.30	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)**

**10155**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

10775D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	8	..	*10234.35	41.30	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)**

**10165**

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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy 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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11143L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	8	..	*10234.35	41.30	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)**

**9216**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11434T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	8	..	*10234.35	41.30	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)**

**9312**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11159H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	8	..	*10234.35	41.30	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 increased 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)**

**10195**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **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.

**Authority required (STREAMLINED)**

**10156**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Grandfathered patients treated with nivolumab as first-line therapy in unresectable Stage III or Stage IV malignant melanoma prior to 1 March 2020

**Clinical criteria:**

- Patient must have received non-PBS-subsidised supply of this drug as first-line therapy for unresectable Stage III or Stage IV malignant melanoma prior to 1 March 2020, **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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11532Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	3	..	*2653.40	41.30	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 increased 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	..	*7707.37	41.30	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 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**

Resected Stage IIIB, IIIC, IIID or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

- The treatment must be adjuvant to complete surgical resection, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**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**

Resected Stage IIIB, IIIC, IIID or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously been issued with an authority prescription for this drug for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Authority required**

Resected Stage IIIB, IIIC, IIID or Stage IV malignant melanoma

Treatment Phase: Grandfather treatment

**Clinical criteria:**

- Patient must have previously received non-PBS-subsidised drug for adjuvant treatment following complete surgical resection prior to 1 March 2020, **AND**
- Patient must have a WHO performance status of 1 or less prior to starting non-PBS treatment with this drug, **AND**
- Patient must not have evidence of recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- Patient must have commenced non-PBS-subsidised treatment within 12 weeks of complete surgical resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

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.

**Injection**

11906P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	5	..	*10234.35	41.30	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	..	*5493.51	41.30	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	..	*5493.51	41.30	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	..	*5493.51	41.30	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	..	*5493.51	41.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OBINUTUZUMAB**

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

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

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**11015**

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: For combination use with venetoclax treatment cycles 1 to 6 inclusive in first-line therapy

**Clinical criteria:**

- The condition must be untreated, **AND**
- The treatment must be in combination with PBS-subsidised venetoclax.

**Injection**

12193R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	8	..	*5493.51	41.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OBINUTUZUMAB**

**Note** Obinutuzumab is not to be used as monotherapy or in combination with anti-cancer drugs other than chlorambucil under this restriction. For use with venetoclax, refer to the separate listing for this purpose.

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

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

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**11052**

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Combination use with chlorambucil only

**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	..	*5493.51	41.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **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	..	*3972.49	41.30	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	..	*3972.49	41.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 20 mL vial)

**■ PEMBROLIZUMAB****Note** No increase in the maximum number of repeats may be authorised.**Note** Special Pricing Arrangements apply.**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.**Authority required (STREAMLINED)****10705**Unresectable Stage III or Stage IV malignant melanoma  
Treatment Phase: Continuing treatment - 3 weekly treatment regimen**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.

**Injection**

10424P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	7	..	*8289.11	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

**■ PEMBROLIZUMAB****Note** No increase in the maximum number of repeats may be authorised.**Note** Special Pricing Arrangements apply.**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.**Authority required (STREAMLINED)****10701**Unresectable Stage III or Stage IV malignant melanoma  
Treatment Phase: Continuing treatment - 6 weekly treatment regimen**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.

**Injection**

12123C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	400 mg	3	..	*16451.81	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

▪ **PEMBROLIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**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)**

**10696**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment - 3 weekly treatment regimen

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 6 doses under this restriction.

**Injection**

10475H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	5	..	*8289.11	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

▪ **PEMBROLIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**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)**

**10689**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment - 6 weekly treatment regimen

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 3 doses under this restriction.

**Injection**

12122B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	400 mg	2	..	*16451.81	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**Authority required (STREAMLINED)**

**9921**

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

Treatment Phase: Initial treatment

**Clinical criteria:**

- The treatment must be the sole PBS-subsidised therapy 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 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)**

**9894**

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 therapy for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed a total of 35 cycles or up to 24 months of treatment under this restriction.

**Injection**

11632F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*8289.11	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**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, **AND**
- The treatment must not exceed a total of 7 doses 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 pembrolizumab PBS Authority Application.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
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, **AND**
- The treatment must not exceed a total of 35 cycles in a lifetime.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Injection**

11352L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*8289.11	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**Authority required**

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Initial treatment - 3 weekly treatment regimen

**Clinical criteria:**

- The treatment must be adjuvant to complete surgical resection, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

**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**

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Continuing treatment - 3 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously been issued with an authority prescription for this drug for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

**Authority required**

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Grandfather treatment - 3 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously received non-PBS-subsidised drug for adjuvant treatment following complete surgical resection prior to 1 September 2020, **AND**
- Patient must have a WHO performance status of 1 or less prior to starting non-PBS treatment with this drug, **AND**
- Patient must not have evidence of recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- Patient must have commenced non-PBS-subsidised treatment within 12 weeks of complete surgical resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

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**

12120X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	7	..	*8289.11	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**Authority required**

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Initial treatment - 6 weekly treatment regimen

**Clinical criteria:**

- The treatment must be adjuvant to complete surgical resection, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

**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**

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma  
Treatment Phase: Continuing treatment - 6 weekly treatment regimen

#### **Clinical criteria:**

- Patient must have previously been issued with an authority prescription for this drug for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

#### **Authority required**

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma  
Treatment Phase: Grandfather treatment - 6 weekly treatment regimen

#### **Clinical criteria:**

- Patient must have previously received non-PBS-subsidised drug for adjuvant treatment following complete surgical resection prior to 1 September 2020, **AND**
  - Patient must have a WHO performance status of 1 or less prior to starting non-PBS treatment with this drug, **AND**
  - Patient must not have evidence of recurrence, **AND**
  - The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
  - Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
  - Patient must have commenced non-PBS-subsidised treatment within 12 weeks of complete surgical resection, **AND**
  - Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.
- 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**

12125E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	400 mg	3	..	*16451.81	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

#### **Authority required (STREAMLINED)**

##### **10681**

Stage IV (metastatic) non-small cell lung cancer (NSCLC)  
Treatment Phase: Initial treatment - 3 weekly treatment regimen

#### **Clinical criteria:**

- Patient must not have previously been treated for this condition in the metastatic setting, **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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement or a c-ROS proto-oncogene 1 (ROS1) gene arrangement in tumour material, **AND**
- The treatment must not exceed a total of 7 doses 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)**

##### **10682**

Stage IV (metastatic) non-small cell lung cancer (NSCLC)  
Treatment Phase: Continuing treatment - 3 weekly treatment regimen

#### **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 not exceed a total of 35 cycles or up to 24 months of treatment under this restriction.

**Authority required (STREAMLINED)**

**10697**

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

Treatment Phase: Grandfather treatment - 3 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously received non-PBS subsidised treatment with this drug for this condition prior to 1 December 2019, **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 non-small cell lung cancer, **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**
- 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 not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement or a c-ROS proto-oncogene 1 (ROS1) gene arrangement in tumour material, **AND**
- The treatment must not exceed a total of 35 cycles or up to 24 months of treatment 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.

**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.

**Injection**

11492W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*8289.11	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**Authority required (STREAMLINED)**

**10704**

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

Treatment Phase: Initial treatment - 6 weekly treatment regimen

**Clinical criteria:**

- Patient must not have previously been treated for this condition in the metastatic setting, **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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement or a c-ROS proto-oncogene 1 (ROS1) gene arrangement in tumour material, **AND**
- The treatment must not exceed a total of 4 doses 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)**

**10693**

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

Treatment Phase: Continuing treatment - 6 weekly treatment regimen

**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 not exceed a total of 18 cycles or up to 24 months of treatment under this restriction.

**Authority required (STREAMLINED)**

**10683**

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

Treatment Phase: Grandfather treatment - 6 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously received non-PBS subsidised treatment with this drug for this condition prior to 1 December 2019, **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 non-small cell lung cancer, **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**
- 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 not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement or a c-ROS proto-oncogene 1 (ROS1) gene arrangement in tumour material, **AND**
- The treatment must not exceed a total of 18 cycles or up to 24 months of treatment 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.

**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.

### Injection

12121Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	400 mg	3	..	*16451.81	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

### ▪ PEMBROLIZUMAB

**Note** No increase in the maximum amount 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** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

#### Authority required

Relapsed or refractory primary mediastinal B-cell lymphoma

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The condition must be diagnosed as primary mediastinal B-cell lymphoma through histological investigation combined with at least one of: (i) positron emission tomography - computed tomography (PET-CT) scan, (ii) PET scan, (iii) CT scan, with the results retained in the patient's medical records, **AND**
- Patient must have been treated with rituximab-based chemotherapy for this condition, **AND**
- Patient must be experiencing relapsed/refractory disease, **AND**
- Patient must be autologous stem cell transplant (ASCT) ineligible following a single line of treatment; OR
- Patient must have undergone an autologous stem cell transplant (ASCT); OR
- Patient must have been treated with at least 2 chemotherapy treatment lines for this condition, one of which must include rituximab-based chemotherapy, **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, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 7 doses 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 primary mediastinal B-cell lymphoma pembrolizumab PBS Authority Application, which includes:

(i) confirmation that histology results with PET/CT scans support a diagnosis of primary mediastinal B-cell lymphoma and are retained on the patient's medical records;

(ii) details of prior treatments for this condition.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Relapsed or refractory primary mediastinal B-cell lymphoma

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 35 cycles in a lifetime.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Relapsed or refractory primary mediastinal B-cell lymphoma

Treatment Phase: Grandfather treatment (initial treatment of a patient commenced on non-PBS-subsidised treatment)

**Clinical criteria:**

- Patient must have received treatment with this drug for this condition prior to 1 September 2020, **AND**
- The condition must be diagnosed as primary mediastinal B-cell lymphoma through histological investigation combined with at least one of: (i) positron emission tomography - computed tomography (PET-CT) scan, (ii) PET scan, (iii) CT scan, with the results retained in the patient's medical records, **AND**
- Patient must have been treated with rituximab-based chemotherapy prior to initiating treatment with this drug for this condition, **AND**
- Patient must have been experiencing relapsed/refractory disease prior to initiating treatment with this drug for this condition, **AND**
- Patient must have been autologous stem cell transplant (ASCT) ineligible following a single line of treatment prior to initiating treatment with this drug for this condition; **OR**
- Patient must have undergone an autologous stem cell transplant (ASCT) prior to initiating treatment with this drug for this condition; **OR**
- Patient must have been treated with at least 2 chemotherapy treatment lines for this condition, one of which must have included rituximab-based chemotherapy, prior to initiating treatment with this drug for this condition, **AND**
- Patient must not have received treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition 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 not exceed a total of 35 cycles in a lifetime, **AND**
- The treatment must not exceed a total of 7 doses under this restriction.

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

- a completed authority prescription form;
- a completed primary mediastinal B-cell lymphoma pembrolizumab PBS Authority Application for Grandfathered patients, which includes:
  - confirmation that histology results and PET/CT scans support a diagnosis of primary mediastinal B-cell lymphoma and are retained on the patient's medical records;
  - details of prior treatments 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.

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Injection**

12126F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*8289.11	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

▪ **PERTUZUMAB**

**Note** No 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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:

Services Australia  
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 details 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).

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval.

**Injection**

10334X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	..	..	*6357.17	41.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial)

▪ **PERTUZUMAB**

**Note** No 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).

**Note** The criterion that limits breaks in treatment with pertuzumab under this restriction has been temporarily modified due to the current risk of COVID-19. This allows an extended break in therapy with PBS-subsidised pertuzumab in patients who are at risk of COVID-19.

**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.

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 course. However, treatment breaks are permitted. A patient who has a treatment break 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.

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	..	*3241.79	41.30	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	..	*1703.67	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (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)**

**10227**

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

Treatment Phase: Re-induction therapy

**Clinical criteria:**

- The treatment must be for re-induction treatment purposes only, **AND**
- The condition must have relapsed or be refractory to treatment, **AND**
- Patient must not receive more than 4 doses of rituximab in total, including intravenous and subcutaneous injections, and no more than 3 doses of subcutaneous rituximab 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 with no more than 4 doses in total.

**Injection**

11935E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	3	..	*1703.67	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (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)**

**9542**

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 treatment with this drug for this condition, **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	..	*1703.67	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (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	..	*1703.67	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (rituximab 500 mg/50 mL injection, 50 mL vial)

## ▪ RITUXIMAB

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

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

### Authority required (STREAMLINED)

**9451**

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 treatment with this drug for this condition, **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	..	*1703.67	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (rituximab 500 mg/50 mL injection, 50 mL vial)

## ▪ TRASTUZUMAB

**Note** Increased maximum amounts can be requested where a patient's weight is greater than 125 kg.

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

### Authority required (STREAMLINED)

**10296**

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

#### **Clinical criteria:**

- Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant), **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; OR
  - Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.
- HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

**Injection**

7264H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	500 mg	..	..	*1720.17	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

**Note** Increased maximum quantity will be authorised where a patient requires a new loading dose due to a break in therapy of more than 1 week but less than 6 weeks from the last dose or a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**10213**

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (weekly regimen)

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with 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, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; OR
- Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.

**Injection**

7265J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	9	..	*957.25	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

**Note** Increased maximum quantity will be authorised where a patient requires a new loading dose due to a break in therapy of more than 1 week but less than 6 weeks from the last dose or a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**10294**

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with 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, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; OR
- Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.

**Injection**

7267L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2483.09	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial)

Trazimera [PF] (trastuzumab 150 mg injection, 1 vial)  
Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

## ■ TRASTUZUMAB

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

**Note** Increased maximum quantity will be authorised where a patient's weight is greater than 125 kg.

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

### Authority required (STREAMLINED)

**9349**

Metastatic (Stage IV) HER2 positive breast 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 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, a new loading dose may be required.

### Injection

10383L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2483.09	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

## ■ TRASTUZUMAB

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

**Note** Increased maximum quantity will be authorised where a patient's weight is greater than 125 kg.

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

### Authority required (STREAMLINED)

**9353**

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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

### Injection

10402L	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3341.37	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

## ■ TRASTUZUMAB

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

**Note** Increased maximum quantity will be authorised where a patient's weight is greater than 125 kg.

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

### Authority required (STREAMLINED)

**9573**

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 platinum based chemotherapy and capecitabine; OR
- Patient must commence treatment in combination with platinum based chemotherapy 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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

**Injection**

10589H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3341.37	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

**Note** Increased maximum quantity will be authorised where a patient requires a new loading dose due to a break in therapy of more than 1 week but less than 6 weeks from the last dose or a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**9571**

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

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 not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

**Injection**

10597R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2483.09	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

**Note** Increased maximum amounts can be requested where a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**10293**

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

**Clinical criteria:**

- Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant), **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; OR
  - Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.
- HER2 positivity must be demonstrated by in situ hybridisation (ISH).  
Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

### Injection

7266K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3341.37	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

### ■ TRASTUZUMAB EMTANSINE

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

**Note** Increased maximum amounts can be requested where a patient's weight is greater than 125 kg.

#### 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:

- details 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;
- dates of treatment with trastuzumab and pertuzumab; and
- date of demonstration of progression following treatment with trastuzumab and pertuzumab; or
- date of demonstration of progression and date of completion of adjuvant trastuzumab 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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
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 received PBS-subsidised treatment with this drug for metastatic (Stage IV) HER2 positive breast cancer, **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.

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 for this PBS indication.

**Note** Any queries concerning the arrangements to prescribe may be directed 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	..	*7790.09	41.30	Kadcyla [RO] (trastuzumab emtansine 100 mg injection, 1 vial) Kadcyla [RO] (trastuzumab emtansine 160 mg injection, 1 vial)

▪ **TRASTUZUMAB EMTANSINE**

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

**Note** Increased maximum amounts can be requested where a patient's weight is greater than 125 kg.

**Authority required**

Early HER2 positive breast cancer

Treatment Phase: Initial adjuvant treatment

**Clinical criteria:**

- The treatment must be prescribed within 12 weeks after surgery, **AND**
- Patient must have, prior to commencing treatment with this drug, evidence of residual invasive cancer in the breast and/or axillary lymph nodes following completion of surgery, as demonstrated by a pathology report, **AND**
- Patient must have completed systemic neoadjuvant therapy that included trastuzumab and taxane-based chemotherapy prior to 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**
- The treatment must not extend beyond 42 weeks (14 cycles) duration under the initial and the continuing treatment restrictions combined.

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 details from the pathology report from an approved pathology authority demonstrating evidence of residual invasive carcinoma in the breast and/or axillary lymph nodes following completion of surgery.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Early HER2 positive breast cancer

Treatment Phase: Continuing adjuvant 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 not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- The treatment must not extend beyond 42 weeks (14 cycles) duration under the initial and the continuing treatment restrictions combined.

**Note** Any queries concerning the arrangements to prescribe may be directed 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**

Early HER2 positive breast cancer

Treatment Phase: Grandfather adjuvant treatment

**Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug as adjuvant treatment of early HER2 positive breast cancer prior to 1 April 2020, **AND**
- The treatment must have been prescribed within 12 weeks after surgery prior to commencing treatment with this drug, **AND**

- Patient must have, prior to commencing treatment with this drug, evidence of residual invasive cancer in the breast and/or axillary lymph nodes following completion of surgery, as demonstrated by a pathology report, **AND**
- Patient must have completed systemic neoadjuvant therapy that included trastuzumab and taxane-based chemotherapy prior to surgery, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **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**
- The treatment must not extend beyond 42 weeks (14 cycles) duration using non-PBS-subsidised and PBS-subsidised drug supply obtained under the grandfather restriction and the continuing treatment restrictions combined.

Authority applications for grandfather 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 details from the pathology report from an approved pathology authority demonstrating evidence of residual invasive carcinoma in the breast and/or axillary lymph nodes following completion of surgery and the number of non-PBS-subsidised cycles of treatment received by the patient.

**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.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## Injection

11956G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	6	..	*7790.09	41.30	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	..	*620.23	41.30	Arsenic Trioxide Accord [OC] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials) Arsenic Trioxide Juno [JU] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials) 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	..	*620.23	41.30	Arsenic Trioxide Accord [OC] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials) Arsenic Trioxide Juno [JU] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials) Phenasen [FF] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)

▪ **BORTEZOMIB**

**Restricted benefit**

Multiple myeloma

**Injection**

12219D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*827.71	41.30	Velcade [JC] (bortezomib 1 mg injection, 1 vial) 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 (STREAMLINED)**

**11196**

Multiple myeloma

Treatment Phase: Initial treatment - twice weekly treatment regimen

**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 in 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 (STREAMLINED)**

**11197**

Multiple myeloma

Treatment Phase: Continuing treatment - twice weekly treatment regimen

**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 in 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.

## Injection

11230C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	17	..	*2699.81	41.30	Kyprolis [AN] (carfilzomib 10 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 30 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 60 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 (STREAMLINED)

#### **11198**

Multiple myeloma

Treatment Phase: Initial treatment - once weekly treatment regimen

#### **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 in 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 (STREAMLINED)

#### **11291**

Multiple myeloma

Treatment Phase: Continuing treatment - once weekly treatment regimen

#### **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 in 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.

**Injection**

12243J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	160 mg	8	..	*3557.61	41.30	Kyprolis [AN] (carfilzomib 10 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 30 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 60 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	..	*819.98	41.30	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	..	*819.98	41.30	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	..	*192.17	41.30	Irinotecan Accord [OC] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 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**

**Injection**

7260D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3500 mcg	17	..	*158.94	41.30	Hycamtin [SZ] (topotecan 4 mg injection, 5 vials) Topotecan Accord [OC] (topotecan 4 mg/4 mL injection, 5 x 4 mL vials)

---

# Chemotherapy items for Public Hospital use

---

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS .....	75
ANTINEOPLASTIC AGENTS .....	75
ALKYLATING AGENTS .....	75
ANTIMETABOLITES .....	76
PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS .....	78
CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES .....	80
OTHER ANTINEOPLASTIC AGENTS .....	81



## 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	..	*1700.42	41.30	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	..	*157.48	41.30	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	..	*282.42	41.30	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	..	*1847.28	41.30	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	..	*111.28	41.30	DBL Methotrexate [PF] (methotrexate 1 g/10 mL injection, 10 mL vial) DBL Methotrexate [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) DBL Methotrexate [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) DBL Methotrexate [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 1 g/10 mL injection, 10 mL vial) Methotrexate Accord [OD] (methotrexate 50 mg/2 mL injection, 2 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	..	..	*839.18	41.30	DBL Methotrexate [PF] (methotrexate 1 g/10 mL injection, 10 mL vial) DBL Methotrexate [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials) DBL Methotrexate [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials) DBL Methotrexate [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 1 g/10 mL injection, 10 mL vial) Methotrexate Accord [OD] (methotrexate 50 mg/2 mL injection, 2 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	..	*186.94	41.30	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 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	..	*4445.78	41.30	Folotylin [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	..	*4445.78	41.30	Folotylin [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	..	*1128.62	41.30	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	..	*1126.22	41.30	Leustatin [JC] (cladribine 10 mg/10 mL injection, 10 mL vial) Litak [AF] (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	..	*149.46	41.30	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) Fludarabine Juno [JO] (fludarabine phosphate 50 mg injection, 1 vial)

*Pyrimidine analogues*

## ■ CYTARABINE

### Injection

4357H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	7000 mg	15	..	*883.78	41.30	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	..	*124.78	41.30	DBL Fluorouracil Injection BP [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) 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 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	..	*92.87	41.30	DBL Fluorouracil Injection BP [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial) 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 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	..	*148.83	41.30	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	..	*159.12	41.30	DBL Vinblastine [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	..	*103.62	41.30	DBL Vincristine Sulfate [PF] (vincristine sulfate 1 mg/mL injection, 5 x 1 mL vials)

▪ **VINOURELBINE**

**Injection**

4620E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	70 mg	7	..	*156.68	41.30	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	..	*279.28	41.30	Etopophos [LM] (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**

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	..	*1347.32	41.30	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	..	*182.26	41.30	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)

▪ **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	..	*2145.40	41.30	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	..	*1115.59	41.30	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	..	*160.26	41.30	Paclitaxel Accord [OC] (paclitaxel 300 mg/50 mL injection, 50 mL vial) 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	..	*136.93	41.30	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	..	*1149.76	41.30	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	..	*166.01	41.30	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)

▪ **IDARUBICIN**

Restricted benefit

Acute myelogenous leukaemia (AML)

**Injection**

4440Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30 mg	5	..	*217.90	41.30	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	..	*178.38	41.30	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**

Restricted benefit

Germ cell neoplasms

Restricted benefit

Lymphoma

**Injection**

4433H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	30000 iu	11	..	*165.78	41.30	CIPLA BLEOMYCIN [LR] (bleomycin sulfate 15 000 international units injection, 1 vial) DBL Bleomycin Sulfate [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	..	*156.76	41.30	Carboplatin Accord [OC] (carboplatin 450 mg/45 mL injection, 45 mL vial) DBL Carboplatin [PF] (carboplatin 150 mg/15 mL injection, 15 mL vial) DBL Carboplatin [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	..	*134.75	41.30	Cisplatin Accord [OC] (cisplatin 100 mg/100 mL injection, 100 mL vial) Cisplatin Accord [OC] (cisplatin 50 mg/50 mL injection, 50 mL vial)

## ■ OXALIPLATIN

### Injection

4542C	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	300 mg	11	..	*145.00	41.30	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)

### Monoclonal antibodies

## ■ ATEZOLIZUMAB

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

**Note** Special Pricing Arrangements apply.

### Authority required (STREAMLINED)

#### 10297

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Continuing treatment - 3 weekly treatment regimen

#### 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 systemic anti-cancer therapy for this condition, **AND**
- Patient must have stable or responding disease.

### Injection

11277M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	7	..	*7188.27	41.30	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** Special Pricing Arrangements apply.

### Authority required (STREAMLINED)

#### 10215

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Continuing treatment - 4 weekly treatment regimen

#### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have stable or responding disease.

### Injection

11930X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	5	..	*10029.26	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

## ■ ATEZOLIZUMAB

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

**Note** Special Pricing Arrangements apply.

### Authority required (STREAMLINED)

#### 10257

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

Treatment Phase: Continuing first-line treatment of metastatic disease, as monotherapy, where concomitant bevacizumab has ceased due to intolerance - 4 weekly treatment regimen

#### Clinical criteria:

- Patient must have experienced intolerance to combination treatment with bevacizumab, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug in this line of treatment, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Injection**

12097Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	5	..	*10029.26	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

**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.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10276**

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment - 3 weekly treatment regimen

**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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy 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	..	*7188.27	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **ATEZOLIZUMAB**

**Note** No 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)**

**10206**

Extensive-stage small cell lung 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 etoposide and a platinum-based antineoplastic drug.

**Injection**

11926Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	3	..	*7188.27	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **ATEZOLIZUMAB**

**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.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10312**

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment - 4 weekly treatment regimen

**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 therapy for this condition, **AND**
- The condition must have progressed on or after prior platinum based chemotherapy.

**Injection**

11931Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	3	..	*10029.26	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

**Note** No 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)**

**10509**

Extensive-stage small cell lung cancer

Treatment Phase: Continuing treatment - 4 weekly treatment regimen

**Clinical criteria:**

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

**Injection**

12078Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	3	..	*10029.26	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

**Note** No increase in the maximum amount 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)**

**10917**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment of hepatocellular carcinoma - 3 weekly treatment regimen

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.

**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. PBS supply of this drug must be through only one of the two continuing treatment regimens at any given time

**Injection**

12168K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	8	..	*7188.27	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **ATEZOLIZUMAB**

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

**Note** Increased repeats of up to 11 may be requested for doses of 840 mg administered every 2 weeks

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10972**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment where bevacizumab is discontinued - 4 weekly treatment regimen

**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. PBS supply of this drug must be through only one of the two continuing treatment regimens at any given time

**Injection**

12174R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	5	..	*10029.26	41.30	Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10216**

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

Treatment Phase: Continuing first-line treatment of metastatic disease - 3 weekly treatment regimen

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug in this line of treatment, **AND**
- Patient must have stable or responding disease.

**Authority required (STREAMLINED)**

**9345**

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

Treatment Phase: Grandfathering treatment

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and atezolizumab until disease progression, unless not tolerated.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have previously received treatment with these drugs for this condition prior to 1 October 2019, **AND**
- Patient must have stable or responding disease, **AND**
- Patient must have a WHO performance status of 0 or 1.

**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**

11802E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	7	..	*7188.27	41.30	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** 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)**

**10182**

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

Treatment Phase: Initial treatment 1

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and platinum-doublet chemotherapy.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must not have previously been treated for this condition in the metastatic setting, **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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

**Authority required (STREAMLINED)**

**10125**

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

Treatment Phase: Initial treatment 2

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and platinum-doublet chemotherapy.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- Patient must have progressive disease following treatment with an epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) OR an anaplastic lymphoma kinase (ALK) tyrosine kinase inhibitor (TKI), **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 non-small cell lung cancer.

**Injection**

11807K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	5	..	*7188.27	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **ATEZOLIZUMAB**

**Note** No 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)**

**10521**

Extensive-stage small cell lung cancer

Treatment Phase: Continuing treatment - 3 weekly treatment regimen

**Clinical criteria:**

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

**Authority required (STREAMLINED)**

**10204**

Extensive-stage small cell lung cancer

Treatment Phase: Grandfather treatment

**Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 March 2020, **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 being treated with this drug for this condition, **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, **AND**
- The treatment must be in combination with etoposide and a platinum-based antineoplastic if the patient is yet to complete their first 4 cycles of treatment; OR
- The treatment must be as monotherapy if being administered as maintenance therapy.

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**

11929W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	4	..	*7188.27	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial)

▪ **ATEZOLIZUMAB**

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

**Note** No increase in the maximum amount 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)**

**10915**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Transitioning from non-PBS-subsidised to PBS-subsidised supply - Grandfather treatment - 3 weekly treatment regimen (1,200 mg) or 4 weekly treatment regimen (1,680 mg where bevacizumab is discontinued)

**Clinical criteria:**

- Patient must have commenced non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 November 2020, **AND**
- Patient must have met all the PBS eligibility criteria applying to a non-grandfather patient under the Initial treatment restriction for this PBS indication prior to having commenced non-PBS-subsidised treatment with this drug, which are: (i) WHO status score no greater than 1, (ii) Child Pugh class A chronic liver disease, (iii) the patient was unsuitable for transarterial chemoembolization, (iv) the condition was untreated with systemic therapy, unless an intolerance to a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal had occurred, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.
- 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.

**Injection**

12164F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1680 mg	5	..	*10029.26	41.30	Tecentriq [RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial) Tecentriq [RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial)

▪ **ATEZOLIZUMAB**

**Caution** The safety of atezolizumab in combination with bevacizumab has not been established in patients who have incompletely treated varices, variceal bleeding within the previous 6 months or who are at high risk of bleeding. Patients should be assessed for risk of variceal bleeding prior to treatment with this combination.

**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 amount 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)**

**10939**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and atezolizumab until disease progression, unless not tolerated.

**Clinical criteria:**

- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; OR
- Patient must have developed intolerance to a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal.

**Injection**

12171N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	3	..	*7188.27	41.30	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)**

**10023**

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 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	..	*8229.94	41.30	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	..	*8229.94	41.30	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	..	*2821.22	41.30	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	..	*2821.22	41.30	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	..	*5556.66	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
 Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
 Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
 Or mailed to:  
 Services Australia  
 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	..	*5556.66	41.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ **BEVACIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**9346**

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

Treatment Phase: Initial treatment 1

**Treatment criteria:**

- Patient must be undergoing combination treatment with atezolizumab and platinum-doublet chemotherapy.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must not have previously been treated for this condition in the metastatic setting, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

**Authority required (STREAMLINED)**

**9347**

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

Treatment Phase: Initial treatment 2

**Treatment criteria:**

- Patient must be undergoing combination treatment with atezolizumab and platinum-doublet chemotherapy.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- Patient must have progressive disease following treatment with an epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) OR an anaplastic lymphoma kinase (ALK) tyrosine kinase inhibitor (TKI), **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.

## Injection

11809M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	5	..	*5556.66	41.30	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 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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
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	..	*5556.66	41.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ **BEVACIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**9566**

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

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Patient must be undergoing combination treatment with atezolizumab until disease progression, unless not tolerated.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

**Authority required (STREAMLINED)**

**9454**

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

Treatment Phase: Grandfathering treatment

**Treatment criteria:**

- Patient must be undergoing combination treatment with bevacizumab and atezolizumab until disease progression, unless not tolerated.

**Clinical criteria:**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have previously received treatment with these drugs for this condition prior to 1 October 2019, **AND**
- Patient must have stable or responding disease, **AND**
- Patient must have a WHO performance status of 0 or 1.

**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**

11803F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	7	..	*5556.66	41.30	Avastin [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial) Avastin [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial)

▪ **BEVACIZUMAB**

**Caution** The safety of atezolizumab in combination with bevacizumab has not been established in patients who have incompletely treated varices, variceal bleeding within the previous 6 months or who are at high risk of bleeding. Patients should be assessed for risk of variceal bleeding prior to treatment with this combination.

**Note** No increase in the maximum amount 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)**

**10959**

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Concurrent use with atezolizumab in hepatocellular carcinoma

**Treatment criteria:**

- Patient must be undergoing combination treatment with PBS-subsidised atezolizumab for this PBS indication.

**Injection**

12165G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1800 mg	8	..	*5556.66	41.30	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	..	*2821.22	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
 Or mailed to:  
 Services Australia  
 Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

**Authority required**

Acute lymphoblastic leukaemia  
 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**
- Patient must have previously received a tyrosine kinase inhibitor (TKI) if the condition is Philadelphia chromosome positive, **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**
- Patient must not have received blinatumomab previously for the treatment of minimal residual disease; OR
- Patient must have had a relapse-free period of at least six months following completion of treatment with blinatumomab for minimal residual disease, **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; and
- (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) if applicable, the date of completion of blinatumomab treatment for minimal residual disease and the date of the patient's subsequent relapse; and
- (5) the percentage blasts in bone marrow count that is no more than 4 weeks old at the time of application.

**Injection**

11118E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	651 mcg	..	..	*69800.26	41.30	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** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Acute lymphoblastic leukaemia  
 Treatment Phase: 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**
- Patient must have previously received a tyrosine kinase inhibitor (TKI) if the condition is Philadelphia chromosome positive, **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	..	..	*81419.34	41.30	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** 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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos).

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** No increase in the maximum number of repeats will be authorised for completion of induction therapy.

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

### Authority required

Acute lymphoblastic leukaemia

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 1 line of salvage therapy, **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 October 2019, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug. 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 through a request for an increased maximum amount, 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.

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

Treatment with this drug for this condition must not exceed 5 treatment cycles in a lifetime.

Patients who have received up to 2 treatment cycles as induction therapy with this drug for this condition prior to 1 October 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 1 treatment cycle as consolidation therapy with this drug for this condition prior to 1 October 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 2 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; and
- (2) a completed Acute Lymphoblastic Leukaemia PBS Authority Application - Supporting Information Form; and
- (3) date of the most recent blinatumomab dose, if this was for induction or consolidation therapy, and how many treatment cycle(s) of PBS-subsidised blinatumomab will be required for completion of induction or consolidation therapy; and
- (4) date of most recent chemotherapy prior to receiving non-PBS subsidised blinatumomab, 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 prior to receiving non-PBS subsidised blinatumomab.

## Injection

11814T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	651 mcg	..	..	*69800.26	41.30	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 restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**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.

**Authority required**

Acute lymphoblastic leukaemia

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	..	*81419.34	41.30	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.

**Authority required**

Minimal residual disease of precursor B-cell acute lymphoblastic leukaemia (Pre-B-cell ALL)

Treatment Phase: Initial treatment of minimal residual disease of Pre-B-cell ALL

**Treatment criteria:**

- Must be treated by a physician experienced in the treatment of haematological malignancies.

**Clinical criteria:**

- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be present in the central nervous system or testis, **AND**
- Patient must have achieved complete remission following intensive combination chemotherapy for initial treatment of acute lymphoblastic leukaemia (ALL) or for subsequent salvage therapy, **AND**
- Patient must have minimal residual disease defined as at least  $10^{-4}$  (0.01%) blasts based on measurement in bone marrow, documented after an interval of at least 2 weeks from the last course of systemic chemotherapy given as intensive combination chemotherapy treatment of ALL or as subsequent salvage therapy, whichever was the later, and measured using polymerase chain reaction or flow cytometry, **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 3 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 four 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 each cycle.

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; and
- (2) a completed Minimal residual disease positive 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; and
- (4) the percentage blasts in bone marrow count that is no more than 4 weeks old at the time of application

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

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Minimal residual disease of precursor B-cell acute lymphoblastic leukaemia (Pre-B-cell ALL)

Treatment Phase: Continuing treatment of previously detectable minimal residual disease of Pre-B-cell ALL

#### **Treatment criteria:**

- Must be treated by a physician experienced in the treatment of haematological malignancies.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised initial treatment with this drug for this condition, **AND**
- Patient must have achieved a complete remission, **AND**
- Patient must be minimal residual disease negative, defined as either undetectable using the same method used to determine original eligibility or less than  $10^{-4}$  (0.01%) blasts based on measurement in bone marrow, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be more than 2 treatment cycles under this restriction in a lifetime.

For all subsequent cycle starts and re-initiation (e.g. if treatment is interrupted for four or more hours), supervision by a health care professional or hospitalisation is recommended.

An amount of 784 microgram will be sufficient for a continuous infusion of blinatumomab over 28 days in each cycle.

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

Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time where 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).

### **Injection**

11850Q	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	784 mcg	1	..	*81419.34	41.30	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	..	*18705.78	41.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

### ▪ **BRENTUXIMAB VEDOTIN**

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
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	..	*18705.78	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**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; and
- (b) a completed Hodgkin lymphoma brentuximab PBS Authority Application.

**Injection**

11073T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*18705.78	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs

Reply Paid 9826  
HOBART TAS 7001

**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; and
  - (b) a completed Hodgkin lymphoma brentuximab PBS Authority Application.

**Injection**

11079D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	3	..	*18705.78	41.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

**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.
- 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	..	*18705.78	41.30	Adcetris [TK] (brentuximab vedotin 50 mg injection, 1 vial)

▪ **BRENTUXIMAB VEDOTIN**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

**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.
- 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	..	*18705.78	41.30	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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
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	..	*18705.78	41.30	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** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia 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	..	*18705.78	41.30	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	..	*1835.12	41.30	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	..	..	*2709.80	41.30	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	..	..	*2709.80	41.30	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	..	*1835.12	41.30	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**

4731B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	550 mg	11	..	*1835.12	41.30	Erbitux [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial) Erbitux [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial)

▪ **DARATUMUMAB**

**Note** This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy for weeks 10 to 24 (administered every 3 weeks)

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues.

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 in 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.

**Injection**

12220E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1920 mg	4	..	*11769.58	41.30	Darzalex [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial) Darzalex [JC] (daratumumab 400 mg/20 mL injection, 20 mL vial)

▪ **DARATUMUMAB**

**Note** This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Relapsed and/or refractory multiple myeloma

Treatment Phase: Initial treatment as second-line drug therapy for weeks 1 to 9 (administered once weekly)

**Clinical criteria:**

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must have progressive disease after only one prior therapy (i.e. use must be as second-line drug therapy; use as third-line drug therapy or beyond is not PBS-subsidised), **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- Patient must not have previously received this drug for this condition.

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 in 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; the basis of the diagnosis of progressive disease or failure to respond; and 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 documented 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.

A line of therapy is defined as 1 or more cycles of a planned treatment program. This may consist of 1 or more planned cycles of single-agent therapy or combination therapy, as well as a sequence of treatments administered in a planned manner.

A new line of therapy starts when a planned course of therapy is modified to include other treatment agents (alone or in combination) as a result of disease progression, relapse, or toxicity, with the exception to this being the need to attain a sufficient response for stem cell transplantation to proceed. A new line of therapy also starts when a planned period of observation off therapy is interrupted by a need for additional treatment for the disease.

### Injection

12228N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1920 mg	8	..	*11769.58	41.30	Darzalex [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial) Darzalex [JC] (daratumumab 400 mg/20 mL injection, 20 mL vial)

### ▪ DARATUMUMAB

**Note** This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

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

**Note** Special Pricing Arrangements apply.

#### Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy from week 25 until disease progression (administered every 4 weeks)

#### 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 receiving treatment with this drug for this condition, **AND**
  - Patient must not be receiving concomitant PBS-subsidised bortezomib, carfilzomib or thalidomide or its analogues.
- 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 in 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.

### Injection

12231R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1920 mg	5	..	*11769.58	41.30	Darzalex [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial) Darzalex [JC] (daratumumab 400 mg/20 mL injection, 20 mL vial)

## ▪ DARATUMUMAB

- Note** This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.
- Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.
- 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.
- Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.
- Note** No increase in the maximum number of repeats may be authorised.
- Note** Special Pricing Arrangements apply.

### **Authority required**

Relapsed and/or refractory multiple myeloma

Treatment Phase: Grandfather treatment - Transitioning from non-PBS to PBS-subsidised supply

### **Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 January 2021, **AND**
- Patient must have met all initial treatment PBS-eligibility criteria applying to a non-grandfathered patient prior to having commenced treatment with this drug, which are: (i) the condition was confirmed by histological diagnosis, (ii) the treatment is/was being used as part of triple combination therapy with bortezomib and dexamethasone, (iii) the condition progressed (see definition of progressive disease below) after one prior therapy, but not after more than two prior lines of therapies (i.e. this drug was commenced as second-line treatment), (iv) the treatment was/is not to be used in combination with PBS-subsidised carfilzomib, thalidomide or its analogues, and (v) the patient had never been treated with this drug, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

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 in 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; the basis of the diagnosis of progressive disease or failure to respond; and 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 documented 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.

A line of therapy is defined as 1 or more cycles of a planned treatment program. This may consist of 1 or more planned cycles of single-agent therapy or combination therapy, as well as a sequence of treatments administered in a planned manner.

A new line of therapy starts when a planned course of therapy is modified to include other treatment agents (alone or in combination) as a result of disease progression, relapse, or toxicity, with the exception to this being the need to attain a sufficient response for stem cell transplantation to proceed. A new line of therapy also starts when a planned period of observation off therapy is interrupted by a need for additional treatment for the disease.

### **Injection**

12229P	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1920 mg	7	..	*11769.58	41.30	Darzalex [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial)

▪ **DURVALUMAB**

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**10126**

Unresectable Stage III non-small cell lung cancer

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must have received platinum based chemoradiation therapy, **AND**
- The condition must not have progressed following platinum based chemoradiation therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

**Authority required (STREAMLINED)**

**10145**

Unresectable Stage III 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**
- 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 systemic anti-cancer therapy for this condition, **AND**
- The treatment must not exceed 12 months in total for this condition under the initial, grandfathering or this continuing restriction combined, **AND**
- The treatment must be once in a lifetime with this drug for this condition.

**Authority required (STREAMLINED)**

**10174**

Unresectable Stage III non-small cell lung cancer

Treatment Phase: Grandfather treatment

**Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 March 2020, **AND**
- Patient must have received platinum based chemoradiation therapy prior to initiation of non-PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not have progressed following platinum based chemoradiation therapy, **AND**
- Patient must have had a WHO performance status of 0 or 1 prior to initiation of non-PBS-subsidised treatment with this drug for this condition, **AND**
- 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 systemic anti-cancer 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.

**Injection**

11915D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1200 mg	8	..	*9625.78	41.30	Imfinzi [AP] (durvalumab 120 mg/2.4 mL injection, 2.4 mL vial)
						Imfinzi [AP] (durvalumab 500 mg/10 mL injection, 10 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** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**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.

**Authority required**

Acute lymphoblastic leukaemia  
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 m<sup>2</sup> 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	..	*39413.50	41.30	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 m<sup>2</sup>, and the second prescription for two doses at a dose no higher than 0.5mg per m<sup>2</sup>. 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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Acute lymphoblastic leukaemia  
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**
- Patient must have previously received a tyrosine kinase inhibitor (TKI) if the condition is Philadelphia chromosome positive, **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 m<sup>2</sup> for the first dose of a treatment cycle (Day 1), and 0.5mg per m<sup>2</sup> 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	..	*52522.74	41.30	Besponsa [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial)

▪ **IPILIMUMAB**

**Caution** Combination treatment with ipilimumab and nivolumab is associated with an increased 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	..	*16963.54	41.30	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:

- (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 increased 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)**

**10122**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **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.

**Injection**

2641B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	360 mg	3	..	*45093.14	41.30	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)**

**10117**

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 systemic anti-cancer therapy for this condition, **AND**
- Patient must have stable or responding disease.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11153B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	11	..	*10054.18	41.30	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)**

**9299**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11160J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	11	..	*10054.18	41.30	Opdivo [BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial) Opdivo [BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial)

▪ **NIVOLUMAB**

**Note** Special Pricing Arrangements apply.

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

**Authority required (STREAMLINED)**

**9252**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11411N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	11	..	*10054.18	41.30	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)**

**9321**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

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
	480 mg	11	..	*10054.18	41.30	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)**

**9298**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Authority required (STREAMLINED)**

**9214**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

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
	480 mg	11	..	*10054.18	41.30	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)

**10155**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.  
Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

## Injection

10764M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	8	..	*10054.18	41.30	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)

**10165**

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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy 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.  
Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

## Injection

11158G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	8	..	*10054.18	41.30	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)

**9216**

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. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11435W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	8	..	*10054.18	41.30	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)**

**9312**

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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11150W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	8	..	*10054.18	41.30	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 increased 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)**

**10195**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Induction treatment

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **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.

**Authority required (STREAMLINED)**

**10156**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Grandfathered patients treated with nivolumab as first-line therapy in unresectable Stage III or Stage IV malignant melanoma prior to 1 March 2020

**Clinical criteria:**

- Patient must have received non-PBS-subsidised supply of this drug as first-line therapy for unresectable Stage III or Stage IV malignant melanoma prior to 1 March 2020, **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.

Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Injection**

11543M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	3	..	*2577.88	41.30	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 increased 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	..	*7562.08	41.30	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 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**

Resected Stage IIIB, IIIC, IIID or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

- The treatment must be adjuvant to complete surgical resection, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**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**

Resected Stage IIIB, IIIC, IIID or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously been issued with an authority prescription for this drug for adjuvant treatment following complete surgical resection, **AND**

- Patient must not have experienced disease recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

**Authority required**

Resected Stage IIIB, IIIC, IIID or Stage IV malignant melanoma

Treatment Phase: Grandfather treatment

**Clinical criteria:**

- Patient must have previously received non-PBS-subsidised drug for adjuvant treatment following complete surgical resection prior to 1 March 2020, **AND**
- Patient must have a WHO performance status of 1 or less prior to starting non-PBS treatment with this drug, **AND**
- Patient must not have evidence of recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- Patient must have commenced non-PBS-subsidised treatment within 12 weeks of complete surgical resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.

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.

**Injection**

11900H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	480 mg	5	..	*10054.18	41.30	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	..	*5378.78	41.30	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	..	*5378.78	41.30	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	..	*5378.78	41.30	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	..	*5378.78	41.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OBINUTUZUMAB**

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

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

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**11015**

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: For combination use with venetoclax treatment cycles 1 to 6 inclusive in first-line therapy

**Clinical criteria:**

- The condition must be untreated, **AND**
- The treatment must be in combination with PBS-subsidised venetoclax.

**Injection**

12204H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	8	..	*5378.78	41.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **OBINUTUZUMAB**

**Note** Obinutuzumab is not to be used as monotherapy or in combination with anti-cancer drugs other than chlorambucil under this restriction. For use with venetoclax, refer to the separate listing for this purpose.

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

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

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

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**11052**

Chronic lymphocytic leukaemia (CLL)  
Treatment Phase: Combination use with chlorambucil only

**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	..	*5378.78	41.30	Gazyva [RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial)

▪ **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	..	*3878.76	41.30	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	..	*3878.76	41.30	Vectibix [AN] (panitumumab 100 mg/5 mL injection, 5 mL vial) Vectibix [AN] (panitumumab 400 mg/20 mL injection, 20 mL vial)

▪ **PEMBROLIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**Authority required (STREAMLINED)**

**10705**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment - 3 weekly treatment regimen

**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.

**Injection**

10436G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	7	..	*8135.78	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

▪ **PEMBROLIZUMAB**

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

**Note** Special Pricing Arrangements apply.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**Authority required (STREAMLINED)**

**10701**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment - 6 weekly treatment regimen

**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.

## Injection

12124D	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	400 mg	3	..	*16185.78	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

### ■ PEMBROLIZUMAB

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

**Note** Special Pricing Arrangements apply.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**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)

**10696**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment - 3 weekly treatment regimen

#### **Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 6 doses under this restriction.

## Injection

10493G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	5	..	*8135.78	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

### ■ PEMBROLIZUMAB

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

**Note** Special Pricing Arrangements apply.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**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)

**10689**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment - 6 weekly treatment regimen

#### **Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 3 doses under this restriction.

## Injection

12128H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	400 mg	2	..	*16185.78	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

#### Authority required (STREAMLINED)

**9921**

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

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The treatment must be the sole PBS-subsidised therapy 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 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)**

**9894**

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 therapy for this condition, **AND**
- Patient must have stable or responding disease, **AND**
- The treatment must not exceed a total of 35 cycles or up to 24 months of treatment under this restriction.

**Injection**

11646Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*8135.78	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**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, **AND**
- The treatment must not exceed a total of 7 doses 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 pembrolizumab PBS Authority Application.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
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, **AND**
- The treatment must not exceed a total of 35 cycles in a lifetime.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## Injection

11330H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*8135.78	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

#### Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Initial treatment - 6 weekly treatment regimen

#### **Clinical criteria:**

- The treatment must be adjuvant to complete surgical resection, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

**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

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Continuing treatment - 6 weekly treatment regimen

#### **Clinical criteria:**

- Patient must have previously been issued with an authority prescription for this drug for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

#### Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Grandfather treatment - 6 weekly treatment regimen

#### **Clinical criteria:**

- Patient must have previously received non-PBS-subsidised drug for adjuvant treatment following complete surgical resection prior to 1 September 2020, **AND**
  - Patient must have a WHO performance status of 1 or less prior to starting non-PBS treatment with this drug, **AND**
  - Patient must not have evidence of recurrence, **AND**
  - The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
  - Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
  - Patient must have commenced non-PBS-subsidised treatment within 12 weeks of complete surgical resection, **AND**
  - Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy. 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

12127G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	400 mg	3	..	*16185.78	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

#### Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Initial treatment - 3 weekly treatment regimen

#### **Clinical criteria:**

- The treatment must be adjuvant to complete surgical resection, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

**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**

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma  
Treatment Phase: Continuing treatment - 3 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously been issued with an authority prescription for this drug for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

**Authority required**

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma  
Treatment Phase: Grandfather treatment - 3 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously received non-PBS-subsidised drug for adjuvant treatment following complete surgical resection prior to 1 September 2020, **AND**
- Patient must have a WHO performance status of 1 or less prior to starting non-PBS treatment with this drug, **AND**
- Patient must not have evidence of recurrence, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- Patient must have commenced non-PBS-subsidised treatment within 12 weeks of complete surgical resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

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**

12130K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	7	..	*8135.78	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**Authority required (STREAMLINED)**

**10681**

Stage IV (metastatic) non-small cell lung cancer (NSCLC)  
Treatment Phase: Initial treatment - 3 weekly treatment regimen

**Clinical criteria:**

- Patient must not have previously been treated for this condition in the metastatic setting, **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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement or a c-ROS proto-oncogene 1 (ROS1) gene arrangement in tumour material, **AND**
- The treatment must not exceed a total of 7 doses 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)**

**10682**

Stage IV (metastatic) non-small cell lung cancer (NSCLC)  
Treatment Phase: Continuing treatment - 3 weekly treatment regimen

**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 not exceed a total of 35 cycles or up to 24 months of treatment under this restriction.

**Authority required (STREAMLINED)**

**10697**

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

Treatment Phase: Grandfather treatment - 3 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously received non-PBS subsidised treatment with this drug for this condition prior to 1 December 2019, **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 non-small cell lung cancer, **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**
- 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 not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement or a c-ROS proto-oncogene 1 (ROS1) gene arrangement in tumour material, **AND**
- The treatment must not exceed a total of 35 cycles or up to 24 months of treatment 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.

**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.

**Injection**

11494Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*8135.78	41.30	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.

**Note** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

**Authority required (STREAMLINED)****10704**

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

Treatment Phase: Initial treatment - 6 weekly treatment regimen

**Clinical criteria:**

- Patient must not have previously been treated for this condition in the metastatic setting, **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 non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement or a c-ROS proto-oncogene 1 (ROS1) gene arrangement in tumour material, **AND**
- The treatment must not exceed a total of 4 doses 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)****10693**

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

Treatment Phase: Continuing treatment - 6 weekly treatment regimen

**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 not exceed a total of 18 cycles or up to 24 months of treatment under this restriction.

**Authority required (STREAMLINED)****10683**

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

Treatment Phase: Grandfather treatment - 6 weekly treatment regimen

**Clinical criteria:**

- Patient must have previously received non-PBS subsidised treatment with this drug for this condition prior to 1 December 2019, **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 non-small cell lung cancer, **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**
- 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 not have evidence of an activating epidermal growth factor receptor (EGFR) gene or an anaplastic lymphoma kinase (ALK) gene rearrangement or a c-ROS proto-oncogene 1 (ROS1) gene arrangement in tumour material, **AND**
- The treatment must not exceed a total of 18 cycles or up to 24 months of treatment 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.

**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.

### Injection

12119W	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	400 mg	3	..	*16185.78	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

### ▪ PEMBROLIZUMAB

**Note** No increase in the maximum amount 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** Patient should be treated with the recommended dose of pembrolizumab according to the TGA-approved Product Information.

#### Authority required

Relapsed or refractory primary mediastinal B-cell lymphoma

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The condition must be diagnosed as primary mediastinal B-cell lymphoma through histological investigation combined with at least one of: (i) positron emission tomography - computed tomography (PET-CT) scan, (ii) PET scan, (iii) CT scan, with the results retained in the patient's medical records, **AND**
- Patient must have been treated with rituximab-based chemotherapy for this condition, **AND**
- Patient must be experiencing relapsed/refractory disease, **AND**
- Patient must be autologous stem cell transplant (ASCT) ineligible following a single line of treatment; OR
- Patient must have undergone an autologous stem cell transplant (ASCT); OR
- Patient must have been treated with at least 2 chemotherapy treatment lines for this condition, one of which must include rituximab-based chemotherapy, **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, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a total of 7 doses 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 primary mediastinal B-cell lymphoma pembrolizumab PBS Authority Application, which includes:

- (i) confirmation that histology results with PET/CT scans support a diagnosis of primary mediastinal B-cell lymphoma and are retained on the patient's medical records;
- (ii) details of prior treatments for this condition.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Relapsed or refractory primary mediastinal B-cell lymphoma

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

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

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

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Relapsed or refractory primary mediastinal B-cell lymphoma

Treatment Phase: Grandfather treatment (initial treatment of a patient commenced on non-PBS-subsidised treatment)

**Clinical criteria:**

- Patient must have received treatment with this drug for this condition prior to 1 September 2020, **AND**
- The condition must be diagnosed as primary mediastinal B-cell lymphoma through histological investigation combined with at least one of: (i) positron emission tomography - computed tomography (PET-CT) scan, (ii) PET scan, (iii) CT scan, with the results retained in the patient's medical records, **AND**
- Patient must have been treated with rituximab-based chemotherapy prior to initiating treatment with this drug for this condition, **AND**
- Patient must have been experiencing relapsed/refractory disease prior to initiating treatment with this drug for this condition, **AND**
- Patient must have been autologous stem cell transplant (ASCT) ineligible following a single line of treatment prior to initiating treatment with this drug for this condition; OR
- Patient must have undergone an autologous stem cell transplant (ASCT) prior to initiating treatment with this drug for this condition; OR
- Patient must have been treated with at least 2 chemotherapy treatment lines for this condition, one of which must have included rituximab-based chemotherapy, prior to initiating treatment with this drug for this condition, **AND**
- Patient must not have received treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition 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 not exceed a total of 35 cycles in a lifetime, **AND**
- The treatment must not exceed a total of 7 doses 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 primary mediastinal B-cell lymphoma pembrolizumab PBS Authority Application for Grandfathered patients, which includes:

(i) confirmation that histology results and PET/CT scans support a diagnosis of primary mediastinal B-cell lymphoma and are retained on the patient's medical records;

(ii) details of prior treatments 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.

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Injection**

12129J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	200 mg	6	..	*8135.78	41.30	Keytruda [MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial)

▪ **PERTUZUMAB**

**Note** No 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 Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
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 completed authority prescription form; and
- a completed Late stage metastatic breast cancer Initial PBS authority application form which includes details 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).

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval.

**Injection**

10267J	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	840 mg	..	..	*6230.52	41.30	Perjeta [RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial)

▪ **PERTUZUMAB**

**Note** No 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).

**Note** The criterion that limits breaks in treatment with pertuzumab under this restriction has been temporarily modified due to the current risk of COVID-19. This allows an extended break in therapy with PBS-subsidised pertuzumab in patients who are at risk of COVID-19.

**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.

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 course. However, treatment breaks are permitted. A patient who has a treatment break 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.

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	..	*3158.15	41.30	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	..	*1641.27	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (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)

**10227**

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

Treatment Phase: Re-induction therapy

#### **Clinical criteria:**

- The treatment must be for re-induction treatment purposes only, **AND**
- The condition must have relapsed or be refractory to treatment, **AND**
- Patient must not receive more than 4 doses of rituximab in total, including intravenous and subcutaneous injections, and no more than 3 doses of subcutaneous rituximab 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 with no more than 4 doses in total.

### Injection

11936F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	800 mg	3	..	*1641.27	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (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)

**9542**

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 treatment with this drug for this condition, **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	..	*1641.27	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (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	..	*1641.27	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ RITUXIMAB

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

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

**Authority required (STREAMLINED)**

**9451**

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 treatment with this drug for this condition, **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	..	*1641.27	41.30	Mabthera [RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Mabthera [RO] (rituximab 500 mg/50 mL injection, 50 mL vial) Riximyo [SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Riximyo [SZ] (rituximab 500 mg/50 mL injection, 50 mL vial) Truxima [EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) Truxima [EW] (rituximab 500 mg/50 mL injection, 50 mL vial)

▪ TRASTUZUMAB

**Note** Increased maximum amounts can be requested where a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**10296**

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (weekly regimen)

**Clinical criteria:**

- Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant), **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; OR
  - Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.
- HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

### Injection

4632T	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	500 mg	..	..	*1684.63	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

### ▪ TRASTUZUMAB

**Note** Increased maximum quantity will be authorised where a patient requires a new loading dose due to a break in therapy of more than 1 week but less than 6 weeks from the last dose or a patient's weight is greater than 125 kg.

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

#### Authority required (STREAMLINED)

**10213**

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (weekly regimen)

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with 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, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; OR
- Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.

### Injection

4639E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	250 mg	9	..	*932.23	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

### ▪ TRASTUZUMAB

**Note** Increased maximum quantity will be authorised where a patient requires a new loading dose due to a break in therapy of more than 1 week but less than 6 weeks from the last dose or a patient's weight is greater than 125 kg.

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

#### Authority required (STREAMLINED)

**10294**

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with 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, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; OR
- Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.

### Injection

4703M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2437.02	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial)

Trazimera [PF] (trastuzumab 150 mg injection, 1 vial)  
Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

**Note** Increased maximum quantity will be authorised where a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**9353**

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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

**Injection**

10391X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3283.46	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

**Note** Increased maximum quantity will be authorised where a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**9349**

Metastatic (Stage IV) HER2 positive breast 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 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, a new loading dose may be required.

**Injection**

10401K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2437.02	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

**Note** Increased maximum quantity will be authorised where a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**9573**

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 platinum based chemotherapy and capecitabine; OR
- Patient must commence treatment in combination with platinum based chemotherapy 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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

**Injection**

10581X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3283.46	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

**Note** Increased maximum quantity will be authorised where a patient requires a new loading dose due to a break in therapy of more than 1 week but less than 6 weeks from the last dose or a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**9571**

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

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 not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

**Injection**

10588G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	750 mg	3	..	*2437.02	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

▪ **TRASTUZUMAB**

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

**Note** Increased maximum amounts can be requested where a patient's weight is greater than 125 kg.

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

**Authority required (STREAMLINED)**

**10293**

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

**Clinical criteria:**

- Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant), **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; OR
  - Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.
- HER2 positivity must be demonstrated by in situ hybridisation (ISH).  
Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

### Injection

4650R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1000 mg	..	..	*3283.46	41.30	Herceptin [RO] (trastuzumab 150 mg injection, 1 vial) Herceptin [RO] (trastuzumab 60 mg injection, 1 vial) Herzuma [EW] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 150 mg injection, 1 vial) Kanjinti [AN] (trastuzumab 420 mg injection, 1 vial) Ogivri [AF] (trastuzumab 150 mg injection, 1 vial) Ontruzant [OQ] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 150 mg injection, 1 vial) Trazimera [PF] (trastuzumab 60 mg injection, 1 vial)

### ▪ TRASTUZUMAB EMTANSINE

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

**Note** Increased maximum amounts can be requested where a patient's weight is greater than 125 kg.

#### 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) details 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) dates of treatment with trastuzumab and pertuzumab; and

(iii) date of demonstration of progression following treatment with trastuzumab and pertuzumab; or

(iv) date of demonstration of progression and date of completion of adjuvant trastuzumab 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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
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 received PBS-subsidised treatment with this drug for metastatic (Stage IV) HER2 positive breast cancer, **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.

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 for this PBS indication.

**Note** Any queries concerning the arrangements to prescribe may be directed 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	..	*7643.66	41.30	Kadcyla [RO] (trastuzumab emtansine 100 mg injection, 1 vial) Kadcyla [RO] (trastuzumab emtansine 160 mg injection, 1 vial)

## ▪ TRASTUZUMAB EMTANSINE

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

**Note** Increased maximum amounts can be requested where a patient's weight is greater than 125 kg.

### Authority required

Early HER2 positive breast cancer

Treatment Phase: Initial adjuvant treatment

### **Clinical criteria:**

- The treatment must be prescribed within 12 weeks after surgery, **AND**
- Patient must have, prior to commencing treatment with this drug, evidence of residual invasive cancer in the breast and/or axillary lymph nodes following completion of surgery, as demonstrated by a pathology report, **AND**
- Patient must have completed systemic neoadjuvant therapy that included trastuzumab and taxane-based chemotherapy prior to 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**
- The treatment must not extend beyond 42 weeks (14 cycles) duration under the initial and the continuing treatment restrictions combined.

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 details from the pathology report from an approved pathology authority demonstrating evidence of residual invasive carcinoma in the breast and/or axillary lymph nodes following completion of surgery.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Authority required

Early HER2 positive breast cancer

Treatment Phase: Continuing adjuvant 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 not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- The treatment must not extend beyond 42 weeks (14 cycles) duration under the initial and the continuing treatment restrictions combined.

**Note** Any queries concerning the arrangements to prescribe may be directed 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

Early HER2 positive breast cancer

Treatment Phase: Grandfather adjuvant treatment

### **Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug as adjuvant treatment of early HER2 positive breast cancer prior to 1 April 2020, **AND**
- The treatment must have been prescribed within 12 weeks after surgery prior to commencing treatment with this drug, **AND**

- Patient must have, prior to commencing treatment with this drug, evidence of residual invasive cancer in the breast and/or axillary lymph nodes following completion of surgery, as demonstrated by a pathology report, **AND**
- Patient must have completed systemic neoadjuvant therapy that included trastuzumab and taxane-based chemotherapy prior to surgery, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **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**
- The treatment must not extend beyond 42 weeks (14 cycles) duration using non-PBS-subsidised and PBS-subsidised drug supply obtained under the grandfather restriction and the continuing treatment restrictions combined.

Authority applications for grandfather 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 details from the pathology report from an approved pathology authority demonstrating evidence of residual invasive carcinoma in the breast and/or axillary lymph nodes following completion of surgery and the number of non-PBS-subsidised cycles of treatment received by the patient.

**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.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Injection

11951B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	450 mg	6	..	*7643.66	41.30	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	..	*572.78	41.30	Arsenic Trioxide Accord [OC] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)
						Arsenic Trioxide Juno [JU] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)
						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	..	*572.78	41.30	Arsenic Trioxide Accord [OC] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials) Arsenic Trioxide Juno [JU] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials) Phenasen [FF] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials)

### ▪ BORTEZOMIB

#### Restricted benefit

Multiple myeloma

### Injection

12227M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3000 mcg	15	..	*777.40	41.30	Velcade [JC] (bortezomib 1 mg injection, 1 vial) 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 (STREAMLINED)

##### **11196**

Multiple myeloma

Treatment Phase: Initial treatment - twice weekly treatment regimen

#### **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
- in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in 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.

#### Authority required (STREAMLINED)

##### **11197**

Multiple myeloma

Treatment Phase: Continuing treatment - twice weekly treatment regimen

#### **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:

- 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 in 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.

**Injection**

11229B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	120 mg	17	..	*2623.66	41.30	Kyprolis [AN] (carfilzomib 10 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 30 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 60 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 (STREAMLINED)**

**11198**

Multiple myeloma  
Treatment Phase: Initial treatment - once weekly treatment regimen

**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 in 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 (STREAMLINED)**

**11291**

Multiple myeloma  
Treatment Phase: Continuing treatment - once weekly treatment regimen

**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 in 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.

### Injection

12244K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	160 mg	8	..	*3469.62	41.30	Kyprolis [AN] (carfilzomib 10 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 30 mg injection, 1 vial) Kyprolis [AN] (carfilzomib 60 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	..	*769.78	41.30	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	..	*769.78	41.30	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	..	*150.66	41.30	Irinotecan Accord [OC] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 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**

**Injection**

4617B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	3500 mcg	17	..	*117.86	41.30	Hycamtin [SZ] (topotecan 4 mg injection, 5 vials) Topotecan Accord [OC] (topotecan 4 mg/4 mL injection, 5 x 4 mL vials)



---

# Related Pharmaceutical Benefits for Public Hospital use

---

ALIMENTARY TRACT AND METABOLISM.....	140
ANTIEMETICS AND ANTINAUSEANTS.....	140
ANTIEMETICS AND ANTINAUSEANTS .....	140
<hr/>	
ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS .....	144
ANTINEOPLASTIC AGENTS .....	144
OTHER ANTINEOPLASTIC AGENTS.....	144
IMMUNOSTIMULANTS .....	146
IMMUNOSTIMULANTS .....	146
<hr/>	
VARIOUS .....	147
ALL OTHER THERAPEUTIC PRODUCTS .....	147
ALL OTHER THERAPEUTIC PRODUCTS.....	147

## ALIMENTARY TRACT AND METABOLISM

### ANTIEMETICS AND ANTINAUSEANTS

#### ANTIEMETICS AND ANTINAUSEANTS

##### Serotonin (5HT<sub>3</sub>) antagonists

#### GRANISETRON

##### **Restricted benefit**

Nausea and vomiting

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

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

##### granisetron 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	3.21	<sup>a</sup> Granisetron-AFT [AE] <sup>a</sup> Kytril [IX]	<sup>a</sup> Granisetron Kabi [PK]

##### granisetron 2 mg tablet, 1

5898K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	2	..	..	*16.58	17.87	Kytril [IX]

#### NETUPITANT + PALONOSETRON

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

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

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

##### **Authority required (STREAMLINED)**

##### **5991**

Nausea and vomiting

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

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

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

##### **Authority required (STREAMLINED)**

##### **5994**

Nausea and vomiting

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

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
  - The treatment must be in combination with dexamethasone, **AND**
  - Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.
- No more than 1 capsule of 300 mg netupitant/0.5 mg palonosetron fixed dose combination will be authorised per cycle of cytotoxic chemotherapy.

##### **Authority required (STREAMLINED)**

##### **6937**

Nausea and vomiting

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

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

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

##### **Authority required (STREAMLINED)**

##### **6879**

Nausea and vomiting

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

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin. No more than 1 capsule of 300 mg netupitant/0.5 mg palonosetron fixed dose combination will be authorised per cycle of cytotoxic chemotherapy.

**netupitant 300 mg + palonosetron 500 microgram capsule, 1**

10714X	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	‡1	5	..	97.16	41.30	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	41.30	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	6.64	<sup>a</sup> APO-Ondansetron [TX] <sup>a</sup> Ondansetron APOTEX [GX] <sup>a</sup> Ondansetron Mylan Tablets [AF] <sup>a</sup> Zofran [AS]	<sup>a</sup> Ondansetron AN [EA] <sup>a</sup> Ondansetron-DRLA [RZ] <sup>a</sup> Ondansetron SZ [HX] <sup>a</sup> Zotren 8 [RF]

**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	4.70	<sup>a</sup> APO-Ondansetron [TX] <sup>a</sup> Ondansetron APOTEX [GX] <sup>a</sup> Ondansetron Mylan Tablets [AF] <sup>a</sup> Zofran [AS]	<sup>a</sup> Ondansetron AN [EA] <sup>a</sup> Ondansetron-DRLA [RZ] <sup>a</sup> Ondansetron SZ [HX] <sup>a</sup> Zotren 4 [RF]

**■ ONDANSETRON**

**Note** Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 4 mg and pharmaceutical benefits that have the form ondansetron 4 mg wafer are equivalent for the purposes of substitution.

**Note** Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 8 mg and pharmaceutical benefits that have the form ondansetron 8 mg wafer are equivalent for the purposes of substitution.

**Restricted benefit**

Nausea and vomiting

**Clinical criteria:**

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

**ondansetron 4 mg orally disintegrating tablet, 4**

5857G	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	3.41	4.70	<sup>a</sup> APO-Ondansetron ODT [TX] <sup>a</sup> Ondansetron Mylan ODT [AF] <sup>a</sup> Ondansetron ODT GH [GQ] <sup>a</sup> Zotren ODT [RF]	<sup>a</sup> Ondansetron AN ODT [EA] <sup>a</sup> Ondansetron ODT-DRLA [RZ] <sup>a</sup> Ondansetron SZ ODT [HX]

**ondansetron 4 mg wafer, 4**

5969E	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	<sup>b</sup> 2.28	5.69	4.70	<sup>a</sup> Zofran Zydis [AS]

**ondansetron 8 mg wafer, 4**

5970F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	<sup>b</sup> 2.28	7.63	6.64	<sup>a</sup> 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	6.64	<sup>a</sup> APO-Ondansetron ODT [TX] <sup>a</sup> Ondansetron Mylan ODT [AF] <sup>a</sup> Ondansetron ODT GH [GQ]	<sup>a</sup> Ondansetron AN ODT [EA] <sup>a</sup> Ondansetron ODT-DRLA [RZ] <sup>a</sup> 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	33.93	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	5.86	Tropisetron-AFT [AE]

### *Other antiemetics*

## ▪ APREPITANT

**Note** Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.

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

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

### **Authority required (STREAMLINED)**

#### **4223**

Nausea and vomiting

### **Clinical criteria:**

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

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

### **Authority required (STREAMLINED)**

#### **4216**

Nausea and vomiting

### **Clinical criteria:**

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

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

### **Authority required (STREAMLINED)**

#### **6464**

Nausea and vomiting

### **Clinical criteria:**

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

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

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

**Authority required (STREAMLINED)****6383**

Nausea and vomiting

**Clinical criteria:**

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.

**aprepitant 165 mg capsule, 1**

2550F	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	62.30	41.30	Aprepitant APOTEX [TX]

**■ 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	41.30	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	..	1699.12	41.30	Mabthera SC [RO]

■ **RITUXIMAB**

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

Authority required (STREAMLINED)

**7399**

Previously untreated or Relapsed/refractory CD20 positive acute lymphoblastic leukaemia

Treatment Phase: Maintenance therapy

**Clinical criteria:**

- The treatment must be maintenance therapy, **AND**
- The treatment must be in combination with chemotherapy, **AND**
- Patient must be in complete remission, **AND**
- Patient must not receive more than 6 doses in total under this restriction.

**rituximab 1.4 g/11.7 mL injection, 11.7 mL vial**

10708N	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	1699.12	41.30	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	..	1699.12	41.30	Mabthera SC [RO]

■ **RITUXIMAB**

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

**Authority required (STREAMLINED)**

**10227**

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

Treatment Phase: Re-induction therapy

**Clinical criteria:**

- The treatment must be for re-induction treatment purposes only, **AND**
- The condition must have relapsed or be refractory to treatment, **AND**
- Patient must not receive more than 4 doses of rituximab in total, including intravenous and subcutaneous injections, and no more than 3 doses of subcutaneous rituximab 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 with no more than 4 doses in total.

**rituximab 1.4 g/11.7 mL injection, 11.7 mL vial**

11942M	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	1699.12	41.30	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	..	1699.12	41.30	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).

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

**Authority required (STREAMLINED)**

**10212**

Early HER2 positive breast cancer

Treatment Phase: 3 weekly treatment regimen

**Clinical criteria:**

- Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant), **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; OR
- Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

**trastuzumab 600 mg/5 mL injection, 5 mL vial**

10743K	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	3	..	1470.22	41.30	Herceptin SC [RO]

▪ **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).

**Authority required (STREAMLINED)**

**9353**

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.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

**trastuzumab 600 mg/5 mL injection, 5 mL vial**

10811B	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	1470.22	41.30	Herceptin SC [RO]

▪ **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).

**Authority required (STREAMLINED)**

**9462**

Metastatic (Stage IV) HER2 positive breast 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 not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

**trastuzumab 600 mg/5 mL injection, 5 mL vial**

10817H	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	3	..	1470.22	41.30	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 (33.333 microgram)/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	41.30	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 (11.111 microgram)/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	41.30	Roferon-A [RO]

**interferon alfa-2a 9 million units (33.333 microgram)/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	41.30	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 (11.111 microgram)/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	41.30	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	41.30	OncoTICE [MK]

## ■ VARIOUS

## ■ ALL OTHER THERAPEUTIC PRODUCTS

### ALL OTHER THERAPEUTIC PRODUCTS

### *Detoxifying agents for antineoplastic treatment*

## ■ FOLINIC ACID

### **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	41.30	Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

### **folinic acid 300 mg/30 mL injection, 30 mL vial**

5870Y	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	4	1	..	*42.12	41.30	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	40.19	<sup>a</sup> 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	40.19	<sup>a</sup> Leucovorin Calcium (Hospira Pty Limited) [PF]

## ■ FOLINIC ACID

### Restricted benefit

Megaloblastic anaemias

### **Clinical criteria:**

- The condition must be a result of folic acid deficiency from the use of folic acid antagonists.

### **folinic acid 15 mg tablet, 10**

5904R	Max. Amount	No. of Rpts	Premium \$	DPMA \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	76.00	41.30	Leucovorin Calcium (Hospira Pty Limited) [PF]

## ■ MESNA

### Restricted benefit

Urothelial toxicity

## VARIOUS

---

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	41.30	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	41.30	Uromitexan [BX]

---

# Index of Manufacturers' Code

---

<b>Code</b>	<b>Manufacturer</b>
<b>AE</b>	AFT Pharmaceuticals (AU) Pty Ltd
<b>AF</b>	Alphapharm Pty Ltd
<b>AN</b>	Amgen Australia Pty Limited
<b>AP</b>	AstraZeneca Pty Ltd
<b>AS</b>	Aspen Pharmacare Australia Pty Limited
<b>BQ</b>	Bristol-Myers Squibb Australia Pty Ltd
<b>BX</b>	Baxter Healthcare Pty Limited
<b>EA</b>	Amneal Pharmaceuticals Pty Ltd
<b>EI</b>	Eisai Australia Pty Ltd
<b>EW</b>	Celltrion Healthcare Australia Pty Ltd
<b>FB</b>	Pierre Fabre Australia Pty Ltd
<b>FF</b>	Phebra Pty Ltd
<b>GQ</b>	Generic Health Pty Ltd
<b>GX</b>	Apotex Pty Ltd
<b>HX</b>	Sandoz Pty Ltd
<b>IX</b>	Clinect Pty Ltd
<b>JC</b>	Janssen-Cilag Pty Ltd
<b>JO</b>	Juno Pharmaceuticals Pty Ltd
<b>JU</b>	Juno Pharmaceuticals Pty Ltd
<b>LM</b>	Link Medical Products Pty Ltd
<b>LR</b>	Cipla Australia Pty Ltd
<b>MF</b>	Mundipharma Pty Limited
<b>MK</b>	Merck Sharp & Dohme (Australia) Pty Ltd
<b>OC</b>	Accord Healthcare Pty Ltd
<b>OD</b>	Accord Healthcare Pty Ltd
<b>OE</b>	Omegapharm Pty Ltd
<b>OQ</b>	Organon Pharma Pty Ltd
<b>PF</b>	Pfizer Australia Pty Ltd
<b>PK</b>	Fresenius Kabi Australia Pty Limited
<b>RA</b>	Sun Pharma ANZ Pty Ltd
<b>RF</b>	Arrow Pharma Pty Ltd
<b>RO</b>	Roche Products Pty Ltd
<b>RZ</b>	Dr Reddy's Laboratories (Australia) Pty Ltd
<b>SE</b>	Servier Laboratories (Aust.) Pty Ltd
<b>SG</b>	Merck Healthcare Pty Ltd
<b>SW</b>	sanofi-aventis Australia Pty Ltd
<b>SZ</b>	Sandoz Pty Ltd
<b>TB</b>	Teva Pharma Australia Pty Limited
<b>TK</b>	Takeda Pharmaceuticals Australia Pty Ltd
<b>TS</b>	Specialised Therapeutics Australia Pty Ltd
<b>TX</b>	Apotex Pty Ltd

---

# Generic/Proprietary Index

<i>Abraxane</i> [TS] (paclitaxel (as nanoparticle albumin-bound) 100 mg injection, 1 vial).....	16, 87
<i>Adcetris</i> [TK] (brentuximab vedotin 50 mg injection, 1 vial).....	34, 35, 36, 37, 105, 106, 107, 108
<i>Adriamycin</i> [PF] (doxorubicin hydrochloride 200 mg/100 mL injection, 100 mL vial).....	17, 88
<i>Adriamycin</i> [PF] (doxorubicin hydrochloride 50 mg/25 mL injection, 25 mL vial).....	17, 88
<i>Akynzeo</i> (MF).....	153
<i>Aloxi</i> (MF).....	154
<i>APO-Ondansetron ODT</i> (TX).....	153, 154
<i>APO-Ondansetron</i> (TX).....	153
<i>APREPITANT</i> .....	154
<i>Aprepitant APOTEX</i> (TX).....	155
<i>ARSENIC</i> .....	74, 145
<i>Arsenic Trioxide Accord</i> [OC] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials).....	74, 75, 145, 146
<i>Arsenic Trioxide Juno</i> [JU] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials).....	74, 75, 145, 146
<i>ATEZOLIZUMAB</i> .19, 20, 21, 22, 23, 24, 90, 91, 92, 93, 94, 95	
<i>Avastin</i> [RO] (bevacizumab 100 mg/4 mL injection, 4 mL vial).....	25, 26, 27, 28, 29, 30, 96, 97, 98, 99, 100, 101
<i>Avastin</i> [RO] (bevacizumab 400 mg/16 mL injection, 16 mL vial).....	25, 26, 27, 28, 29, 30, 96, 97, 98, 99, 100, 101
<i>AVELUMAB</i> .....	24, 95
<i>Bavencio</i> [SG] (avelumab 200 mg/10 mL injection, 10 mL vial).....	24, 25, 95, 96
<i>BENDAMUSTINE</i> .....	10, 81
<i>Besponsa</i> [PF] (inotuzumab ozogamicin 1 mg injection, 1 vial).....	44, 45, 115, 116
<i>BEVACIZUMAB</i> .....	25, 26, 27, 28, 29, 96, 97, 98, 99, 100
<i>BLEOMYCIN</i> .....	18, 89
<i>BLINATUMOMAB</i> .....	30, 31, 32, 33, 101, 102, 103, 104
<i>Blinicyto</i> [AN] (blinatumomab 38.5 microgram injection [1 vial] (& inert substance solution [10 mL vial], 1 pack) 31, 32, 33, 34, 102, 103, 104, 105	
<i>BORTEZOMIB</i> .....	75, 146
<i>BRENTUXIMAB VEDOTIN</i> ....	34, 35, 36, 37, 105, 106, 107, 108
<i>CABAZITAXEL</i> .....	15, 86
<i>Caelyx</i> [JC] (doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial).....	17, 88
<i>Caelyx</i> [JC] (doxorubicin hydrochloride (as pegylated liposomal) 50 mg/25 mL injection, 25 mL vial).....	17, 88
<i>CARBOPLATIN</i> .....	18, 89
<i>Carboplatin Accord</i> [OC] (carboplatin 450 mg/45 mL injection, 45 mL vial).....	18, 89
<i>CARFILZOMIB</i> .....	75, 76, 146, 147
<i>CETUXIMAB</i> .....	38, 39, 109, 110
<i>CIPLA BLEOMYCIN</i> [LR] (bleomycin sulfate 15 000 international units injection, 1 vial).....	18, 89
<i>CISPLATIN</i> .....	19, 89
<i>Cisplatin Accord</i> [OC] (cisplatin 100 mg/100 mL injection, 100 mL vial).....	19, 89
<i>Cisplatin Accord</i> [OC] (cisplatin 50 mg/50 mL injection, 50 mL vial).....	19, 90
<i>CLADRIBINE</i> .Chemotherapy items for Private Hospital use.....	13
.Chemotherapy items for Public Hospital use.....	84
<i>CYCLOPHOSPHAMIDE</i> .....	10, 81
<i>CYTARABINE</i> .....	13, 84
<i>DARATUMUMAB</i> .....	40, 41, 42, 111, 112, 113
<i>Darzalex</i> [JC] (daratumumab 100 mg/5 mL injection, 5 mL vial).....	40, 41, 42, 43, 111, 112, 113, 114
<i>Darzalex</i> [JC] (daratumumab 400 mg/20 mL injection, 20 mL vial).....	40, 41, 42, 43, 111, 112, 113, 114
<i>DBL Bleomycin Sulfate</i> [PF] (bleomycin sulfate 15 000 international units injection, 1 vial).....	18, 89
<i>DBL Carboplatin</i> [PF] (carboplatin 150 mg/15 mL injection, 15 mL vial).....	18, 89
<i>DBL Carboplatin</i> [PF] (carboplatin 450 mg/45 mL injection, 45 mL vial).....	18, 89
<i>DBL Docetaxel Concentrated Injection</i> [PF] (docetaxel 160 mg/16 mL injection, 16 mL vial).....	15, 86
<i>DBL Docetaxel Concentrated Injection</i> [PF] (docetaxel 80 mg/8 mL injection, 8 mL vial).....	16, 86
<i>DBL Fluorouracil Injection BP</i> [PF] (fluorouracil 2.5 g/50 mL injection, 50 mL vial).....	13, 14, 84, 85
<i>DBL Gemcitabine Injection</i> [PF] (gemcitabine 1 g/26.3 mL injection, 26.3 mL vial).....	14, 85
<i>DBL Gemcitabine Injection</i> [PF] (gemcitabine 2 g/52.6 mL injection, 52.6 mL vial).....	14, 85
<i>DBL Methotrexate</i> [PF] (methotrexate 1 g/10 mL injection, 10 mL vial).....	11, 82
<i>DBL Methotrexate</i> [PF] (methotrexate 5 mg/2 mL injection, 5 x 2 mL vials).....	11, 82
<i>DBL Methotrexate</i> [PF] (methotrexate 50 mg/2 mL injection, 5 x 2 mL vials).....	11, 82
<i>DBL Methotrexate</i> [PF] (methotrexate 500 mg/20 mL injection, 20 mL vial).....	11, 12, 82, 83
<i>DBL Oxaliplatin Concentrate</i> [PF] (oxaliplatin 100 mg/20 mL injection, 20 mL vial).....	19, 90
<i>DBL Vinblastine</i> [PF] (vinblastine sulfate 10 mg/10 mL injection, 5 x 10 mL vials).....	14, 85
<i>DBL Vincristine Sulfate</i> [PF] (vincristine sulfate 1 mg/mL injection, 5 x 1 mL vials).....	15, 85
<i>DOCETAXEL</i> .....	15, 86
<i>Docetaxel Accord</i> [OC] (docetaxel 160 mg/8 mL injection, 8 mL vial).....	16, 86
<i>Docetaxel Accord</i> [OC] (docetaxel 80 mg/4 mL injection, 4 mL vial).....	16, 86
<i>DOXORUBICIN</i> .....	17, 88
<i>Doxorubicin ACC</i> [OC] (doxorubicin hydrochloride 200 mg/100 mL injection, 100 mL vial).....	17, 88
<i>DOXORUBICIN HYDROCHLORIDE (AS PEGYLATED LIPOSOMAL)</i> .....	17, 88
<i>DURVALUMAB</i> .....	43, 114
<i>Emend IV</i> (MK).....	156
<i>Endoxan</i> [BX] (cyclophosphamide 1 g injection, 1 vial)....	10, 81
<i>Endoxan</i> [BX] (cyclophosphamide 2 g injection, 1 vial)....	10, 81
<i>Endoxan</i> [BX] (cyclophosphamide 500 mg injection, 1 vial).....	10, 81
<i>Epirube</i> [TB] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial).....	17, 88
<i>Epirube</i> [TB] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial).....	17, 88
<i>EPIRUBICIN</i> .....	17, 88
<i>Epirubicin Accord</i> [OC] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial).....	18, 88
<i>Epirubicin ACT</i> [JU] (epirubicin hydrochloride 100 mg/50 mL injection, 50 mL vial).....	18, 88
<i>Epirubicin ACT</i> [JU] (epirubicin hydrochloride 200 mg/100 mL injection, 100 mL vial).....	18, 89
<i>Epirubicin ACT</i> [JU] (epirubicin hydrochloride 50 mg/25 mL injection, 25 mL vial).....	18, 89
<i>Erbix</i> [SG] (cetuximab 100 mg/20 mL injection, 20 mL vial).....	38, 39, 40, 109, 110, 111
<i>Erbix</i> [SG] (cetuximab 500 mg/100 mL injection, 100 mL vial).....	38, 39, 40, 109, 110, 111
<i>ERIBULIN</i> .....	77, 148
<i>Etopophos</i> [LM] (etoposide phosphate 1.136 g (etoposide 1 g) injection, 1 vial).....	15, 86
<i>ETOPOSIDE</i> .....	15, 86
<i>Etoposide Ebewe</i> [SZ] (etoposide 100 mg/5 mL injection, 5 x 5 mL vials).....	15, 86

FLUDARABINE.....	13, 84	Kanjinti[AN] (trastuzumab 420 mg injection, 1 vial) ...	68, 69, 70, 71, 72, 139, 140, 141, 142, 143
Fludarabine AMNEAL[JU] (fludarabine phosphate 50 mg injection, 1 vial) .....	13, 84	Keytruda[MK] (pembrolizumab 100 mg/4 mL injection, 4 mL vial).....	56, 57, 58, 59, 60, 61, 62, 64, 127, 128, 129, 130, 131, 132, 133, 135
Fludarabine Ebewe[SZ] (fludarabine phosphate 50 mg/2 mL injection, 5 x 2 mL vials) .....	13, 84	Kyprolis[AN] (carfilzomib 10 mg injection, 1 vial).....	76, 77, 147, 148
Fludarabine Juno[JO] (fludarabine phosphate 50 mg injection, 1 vial) .....	13, 84	Kyprolis[AN] (carfilzomib 30 mg injection, 1 vial).....	76, 77, 147, 148
FLUOROURACIL.....	13, 14, 84, 85	Kyprolis[AN] (carfilzomib 60 mg injection, 1 vial).....	76, 77, 147, 148
Fluorouracil Accord[OC] (fluorouracil 1 g/20 mL injection, 20 mL vial).....	14, 84, 85	Kytril(IX).....	152
Fluorouracil Accord[OC] (fluorouracil 2.5 g/50 mL injection, 50 mL vial).....	14, 85	Leucovorin Calcium (Hospira Pty Limited)(PF).....	160
Fluorouracil Accord[OC] (fluorouracil 5 g/100 mL injection, 100 mL vial).....	14, 85	Leucovorin Calcium (Pfizer Australia Pty Ltd)(PF) ..	159, 160
Fluorouracil Accord[OC] (fluorouracil 500 mg/10 mL injection, 10 mL vial) .....	14, 85	Leustatin[JC] (cladribine 10 mg/10 mL injection, 10 mL vial) .....	13, 84
Fluorouracil Ebewe[SZ] (fluorouracil 1 g/20 mL injection, 20 mL vial).....	14, 85	Liposomal Doxorubicin SUN[RA] (doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial) .....	17, 88
Fluorouracil Ebewe[SZ] (fluorouracil 5 g/100 mL injection, 100 mL vial).....	14, 85	Liposomal Doxorubicin SUN[RA] (doxorubicin hydrochloride (as pegylated liposomal) 50 mg/25 mL injection, 25 mL vial) .....	17, 88
FOLINIC ACID .....	159, 160	Litak[AF] (cladribine 10 mg/5 mL injection, 5 mL vial) ..	13, 84
Folotyn[MF] (pralatrexate 20 mg/mL injection, 1 mL vial) ..	12, 13, 83, 84	Mabthera SC(RO).....	156, 157
FOSAPREPITANT .....	155	Mabthera[RO] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials) .....	65, 66, 67, 136, 137, 138
FOTEMUSTINE .....	11, 82	Mabthera[RO] (rituximab 500 mg/50 mL injection, 50 mL vial) .....	65, 66, 67, 136, 137, 138
Gazyva[RO] (obinutuzumab 1 g/40 mL injection, 40 mL vial) .....	52, 53, 54, 55, 123, 124, 125, 126	MEDITAB IRINOTECAN[LR] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) .....	78, 149
GEMCITABINE .....	14, 85	MEDITAB IRINOTECAN[LR] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 2 mL vial) .....	78, 149
GRANISETRON .....	152	MESNA.....	160
Granisetron Kabi (PK).....	152	Methaccord[EA] (methotrexate 1 g/10 mL injection, 10 mL vial) .....	11, 12, 82, 83
Granisetron-AFT(AE).....	152	METHOTREXATE .....	
Halaven[EI] (eribulin mesilate 1 mg/2 mL injection, 2 mL vial) .....	77, 148	.Chemotherapy items for Private Hospital use .....	11
Herceptin SC(RO).....	158	.Chemotherapy items for Public Hospital use .....	82
Herceptin[RO] (trastuzumab 150 mg injection, 1 vial).....	68, 69, 70, 71, 139, 140, 141, 142	Methotrexate Accord[OD] (methotrexate 1 g/10 mL injection, 10 mL vial) .....	11, 12, 82, 83
Herceptin[RO] (trastuzumab 60 mg injection, 1 vial) ..	68, 69, 70, 71, 139, 140, 141, 142	Methotrexate Accord[OD] (methotrexate 50 mg/2 mL injection, 2 mL vial) .....	11, 12, 82, 83
Herzuma[EW] (trastuzumab 150 mg injection, 1 vial) ..	68, 69, 70, 71, 72, 139, 140, 141, 142, 143	Methotrexate Ebewe[SZ] (methotrexate 5 g/50 mL injection, 50 mL vial) .....	11, 12, 82, 83
Holoxan[BX] (ifosfamide 1 g injection, 1 vial).....	11, 82	MITOZANTRONE.....	18, 89
Holoxan[BX] (ifosfamide 2 g injection, 1 vial).....	11, 82	Mitozantrone Ebewe[SZ] (mitozantrone 20 mg/10 mL injection, 10 mL vial) .....	18, 89
Hycamtin[SZ] (topotecan 4 mg injection, 5 vials) .....	78, 149	Muphoran[SE] (fotemustine 208 mg injection [1 vial] (& inert substance diluent [4 mL ampoule], 1 pack).....	11, 82
IDARUBICIN .....	18, 89	MYCOBACTERIUM BOVIS (BACILLUS CALMETTE AND GUERIN (BCG)) TICE STRAIN .....	159
IFOSFAMIDE.....	11, 82	NANOPARTICLE ALBUMIN-BOUND PACLITAXEL ..	16, 87
Imfinzi[AP] (durvalumab 120 mg/2.4 mL injection, 2.4 mL vial) .....	43, 114	Navelbine[FB] (vinorelbine 10 mg/mL injection, 1 mL vial) .....	15, 86
Imfinzi[AP] (durvalumab 500 mg/10 mL injection, 10 mL vial) .....	44, 115	Navelbine[FB] (vinorelbine 50 mg/5 mL injection, 5 mL vial) .....	15, 86
INOTUZUMAB OZOGAMICIN .....	44, 115	NETUPITANT + PALONOSETRON .....	152
INTERFERON ALFA-2A.....	158, 159	NIVOLUMAB .....	46, 47, 48, 49, 50, 51, 117, 118, 119, 120, 121, 122
IPILIMUMAB .....	45, 116	OBINUTUZUMAB.....	52, 53, 54, 123, 124, 125
IRINOTECAN.....	77, 148	Ogivri[AF] (trastuzumab 150 mg injection, 1 vial) ..	68, 69, 70, 71, 72, 139, 140, 141, 142, 143
Irinotecan Accord[OC] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	78, 149	Omegapharm Irinotecan[OE] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial) .....	78, 149
Irinotecan Alphapharm[AF] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	78, 149	Omegapharm Irinotecan[OE] (irinotecan hydrochloride trihydrate 40 mg/2 mL injection, 2 mL vial) .....	78, 149
Irinotecan Alphapharm[AF] (irinotecan hydrochloride trihydrate 500 mg/25 mL injection, 25 mL vial).....	78, 149	OncoTICE(MK).....	159
Irinotecan Kabi[PK] (irinotecan hydrochloride trihydrate 100 mg/5 mL injection, 5 mL vial).....	78, 149	ONDANSETRON.....	73, 74, 144, 145
Jevtana[SW] (cabazitaxel 60 mg/1.5 mL injection [1.5 mL vial] (& inert substance diluent [4.5 mL vial], 1 pack) ..	15, 86	Ondansetron AN (EA).....	153
Kadcyla[RO] (trastuzumab emtansine 100 mg injection, 1 vial) .....	73, 74, 144, 145	Ondansetron AN ODT (EA).....	153, 154
Kadcyla[RO] (trastuzumab emtansine 160 mg injection, 1 vial) .....	73, 74, 144, 145		
Kanjinti[AN] (trastuzumab 150 mg injection, 1 vial)....	68, 69, 70, 71, 72, 139, 140, 141, 142, 143		

Ondansetron APOTEX(GX).....	153	.Chemotherapy items for Private Hospital use.....	15
Ondansetron Mylan ODT(AF).....	153, 154	.Chemotherapy items for Public Hospital use.....	86
Ondansetron Mylan Tablets(AF).....	153	Pfizer Australia Pty Ltd[PF] (methotrexate 1 g/10 mL injection, 10 mL vial)	
Ondansetron ODT GH(GQ).....	154	.Chemotherapy items for Private Hospital use.....	11, 12
Ondansetron ODT-DRLA (RZ).....	153, 154	.Chemotherapy items for Public Hospital use.....	82, 83
Ondansetron SZ (HX).....	153	Phenasen[FF] (arsenic trioxide 10 mg/10 mL injection, 10 x 10 mL vials).....	74, 75, 145, 146
Ondansetron SZ ODT (HX).....	154	PRALATREXATE.....	12, 83
Ondansetron-DRLA (RZ).....	153	RALTITREXED.....	13, 84
Onkotrone[BX] (mitozantrone 20 mg/10 mL injection, 10 mL vial).....	18, 89	Reladdin[AF] (pemetrexed 100 mg injection, 1 vial) ...	12, 83
Onkotrone[BX] (mitozantrone 25 mg/12.5 mL injection, 12.5 mL vial).....	18, 89	Reladdin[AF] (pemetrexed 500 mg injection, 1 vial) ...	12, 83
Ontruzant[OQ] (trastuzumab 150 mg injection, 1 vial).....	68, 69, 70, 71, 72, 139, 140, 141, 142, 143	Ribomustin[JC] (bendamustine hydrochloride 100 mg injection, 1 vial).....	10, 81
Opdivo[BQ] (nivolumab 100 mg/10 mL injection, 10 mL vial).....	47, 48, 49, 50, 51, 52, 118, 119, 120, 121, 122, 123	Ribomustin[JC] (bendamustine hydrochloride 25 mg injection, 1 vial).....	10, 81
Opdivo[BQ] (nivolumab 40 mg/4 mL injection, 4 mL vial).....	47, 48, 49, 50, 51, 52, 118, 119, 120, 121, 122, 123	RITUXIMAB.....	65, 66, 67, 136, 137, 138, 156, 157
OXALIPLATIN.....	19, 90	Riximyo[SZ] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials).....	65, 66, 67, 136, 137, 138
Oxaliplatin Accord[OC] (oxaliplatin 100 mg/20 mL injection, 20 mL vial).....	19, 90	Riximyo[SZ] (rituximab 500 mg/50 mL injection, 50 mL vial).....	65, 66, 67, 136, 137, 138
Oxaliplatin SUN[RA] (oxaliplatin 100 mg/20 mL injection, 20 mL vial).....	19, 90	Roferon-A(RO).....	159
Oxaliplatin SUN[RA] (oxaliplatin 200 mg/40 mL injection, 40 mL vial).....	19, 90	Tecentriq[RO] (atezolizumab 1.2 g/20 mL injection, 20 mL vial).....	19, 20, 21, 22, 23, 24, 90, 91, 92, 93, 94, 95
PACLITAXEL.....	16, 87	Tecentriq[RO] (atezolizumab 840 mg/14 mL injection, 14 mL vial).....	19, 20, 21, 24, 90, 91, 92, 95
Paclitaxel Accord[OC] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	16, 87	Tevatrexed[TB] (pemetrexed 100 mg injection, 1 vial).....	12, 83
Paclitaxel Ebewe[SZ] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	16, 87	Tevatrexed[TB] (pemetrexed 500 mg injection, 1 vial).....	12, 83
Paclitaxel Kabi[PK] (paclitaxel 30 mg/5 mL injection, 5 mL vial).....	16, 87	Tomudex[PF] (raltitrexed 2 mg injection, 1 vial).....	13, 84
Paclitaxel Kabi[PK] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	16, 87	TOPOTECAN.....	78, 149
Paclitaxin[TB] (paclitaxel 100 mg/16.7 mL injection, 16.7 mL vial).....	16, 87	Topotecan Accord[OC] (topotecan 4 mg/4 mL injection, 5 x 4 mL vials).....	78, 149
Paclitaxin[TB] (paclitaxel 150 mg/25 mL injection, 25 mL vial).....	16, 87	TRASTUZUMAB.....	67, 68, 69, 70, 71, 138, 139, 140, 141, 142, 157, 158
Paclitaxin[TB] (paclitaxel 30 mg/5 mL injection, 5 mL vial).....	16, 87	TRASTUZUMAB EMTANSINE.....	72, 73, 143, 144
Paclitaxin[TB] (paclitaxel 300 mg/50 mL injection, 50 mL vial).....	17, 87	Trazimera[PF] (trastuzumab 150 mg injection, 1 vial).....	68, 69, 70, 71, 72, 139, 140, 141, 142, 143
PALONOSETRON.....	154	Trazimera[PF] (trastuzumab 60 mg injection, 1 vial).....	68, 69, 70, 71, 72, 139, 140, 141, 142, 143
PANITUMUMAB.....	55, 56, 126, 127	TROPISETRON.....	154
PEMBROLIZUMAB.....	56, 57, 58, 59, 60, 61, 62, 127, 128, 129, 130, 131, 132, 133	Tropisetron-AFT(AE).....	154
PEMETREXED.....	12, 83	Truxima[EW] (rituximab 100 mg/10 mL injection, 2 x 10 mL vials).....	65, 66, 67, 136, 137, 138
Pemetrexed Accord[OD] (pemetrexed 1 g injection, 1 vial).....	12, 83	Truxima[EW] (rituximab 500 mg/50 mL injection, 50 mL vial).....	65, 66, 67, 136, 137, 138
Pemetrexed Accord[OD] (pemetrexed 100 mg injection, 1 vial).....	12, 83	Uromitexan(BX).....	160
Pemetrexed Accord[OD] (pemetrexed 500 mg injection, 1 vial).....	12, 83	Vectibix[AN] (panitumumab 100 mg/5 mL injection, 5 mL vial).....	55, 56, 126, 127
Pemetrexed APOTEX[TX] (pemetrexed 500 mg injection, 1 vial).....	12, 83	Vectibix[AN] (panitumumab 400 mg/20 mL injection, 20 mL vial).....	55, 56, 126, 127
Pemetrexed SUN[RA] (pemetrexed 1 g injection, 1 vial).....	12, 83	Velcade[JC] (bortezomib 1 mg injection, 1 vial).....	75, 146
Pemetrexed SUN[RA] (pemetrexed 100 mg injection, 1 vial).....	12, 83	Velcade[JC] (bortezomib 3 mg injection, 1 vial).....	75, 146
Pemetrexed SUN[RA] (pemetrexed 500 mg injection, 1 vial).....	12, 83	Velcade[JC] (bortezomib 3.5 mg injection, 1 vial).....	75, 146
Perjeta[RO] (pertuzumab 420 mg/14 mL injection, 14 mL vial).....	64, 65, 135, 136	VINBLASTINE.....	14, 85
PERTUZUMAB.....	64, 135	VINCRISTINE.....	15, 85
Pfizer Australia Pty Ltd[PF] (cytarabine 100 mg/5 mL injection, 5 x 5 mL vials)		VINORELBINE.....	15, 86
.Chemotherapy items for Private Hospital use.....	13	Vinorelbine Ebewe[SZ] (vinorelbine 10 mg/mL injection, 1 mL vial).....	15, 86
.Chemotherapy items for Public Hospital use.....	84	Vinorelbine Ebewe[SZ] (vinorelbine 50 mg/5 mL injection, 5 mL vial).....	15, 86
Pfizer Australia Pty Ltd[PF] (etoposide 100 mg/5 mL injection, 5 mL vial)		Yervoy[BQ] (ipilimumab 200 mg/40 mL injection, 40 mL vial).....	46, 117
.Chemotherapy items for Private Hospital use.....	13	Yervoy[BQ] (ipilimumab 50 mg/10 mL injection, 10 mL vial).....	45, 46, 116, 117
.Chemotherapy items for Public Hospital use.....	84	Zavedos Solution[PF] (idarubicin hydrochloride 10 mg/10 mL injection, 10 mL vial).....	18, 89
		Zavedos Solution[PF] (idarubicin hydrochloride 5 mg/5 mL injection, 5 mL vial).....	18, 89
		Zofran syrup 50 mL(AS).....	153
		Zofran Zydys(AS).....	154

---

Zofran(AS) ..... 153  
Zotren 4 (RF) ..... 153

Zotren 8 (RF)..... 153  
Zotren ODT(RF) ..... 154